MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1/10/19

- Car		T-5001	CERTIFICATE	OF DEATH		14011
er death.		ACE OF DEATH COUNTY Wicomico	MARYLAND	o. STATE	Where deceosed lived, if institution: Residently b. COUNTY	dence before odmission) Worcester
affe	b.	CITY OR TOWN (If outside corporate lin write RURAL and give nearest town)			tside corporate limits, write RURAL and g	
Ser L		Salisbury	r 19 Days	1	ow Hill	23-2
lou	d.	NAME OF HOSPITAL OR INSTITUTION (II		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
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S	. SI	12/e Negro	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy) 10st birthdoy) 17. 3 yrs.	ER 1 YEAR 1F UNDER 24 HRS. 5 Doys Hours Min.
1		JSUAL OCCUPATION (Give kind of work do g most of working life, even if retired)	ine 10b. KIND OF BUSINESS OR INDUSTRY Fertilizer Co.			CITIZEN OF WHAT COUNTRY?
removar, and	3.	ATHER'S NAME	1 6/11/20/ 00.	14. MOTHER'S MAIDEN	Maryland h	
-	ıc	NOS DECEASED EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17. 1	Markense .	Address	
	Yes,	no, orunknown) (If yes give wor or dot	es of service)			
nallon,	T	18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	Camahaa7 Mhaamha		ital Records	INTERVAL BETWEEN ONSET AND DEATH
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		ise to immediate couse (a), toting the underlying couse ost.	OUE TO (c)		Disease.	
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- AMERICAN CEPTIEICATION	CENTIFIC	200. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
MEDICAL	MEDICA	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.		CE OF INJURY (Home, farm ory, street, office bldg., etc.)		County) (Stote)
		21. I certify that (I) (this h saw the deceased alive an	aspital) attended the deceased fram	10/9/67 , 1 t death accurred of	9ta10/28/67, 19 5:20A.M, from causes and an	the date stated above
MIW D	(220. SIGNATURE	0.00CT M.	ATTENDING PHYS.	MAED CTARE	DATE SIGNED 10/28/67
be filed		22c. PHYSICIAN'S NAME (Type) Chas. V	Vinnacett, M.D.	22d. ADDRESS Box 2018 •	- Salisbury, Maryl	and - 21801
shauld		BURIAL, CREMATION, 23b. DATE	THEREOF 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	1	SEMOVAL (Specify) Surjal Nov. 1,	1967 Baptist Ce	metery	SHOW HILL A	ary fand
the last	24.	FUNERAL DIRECTOR	ADDRESS Sacre H. II	Mede DATE	D BY REGISTRAR 25b. REGISTRAR	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 23B, 23c CERTIFICATE 14619 14609 24 hours after death. by the funeral Pages 1 and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Wicomico ease remave carban popers. Pages 1 and in any event within 72 hours after Maryland MARYLAND Wicomico b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Life Willards .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS XX RFD YES NO OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within campletely fr 3. NAME OF Middle First Last 4. DATE Manth Day Year DECEASED Edwin Milton Baker (Type or print) DEATH Oct IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR NEVER MARRIED physician and cam en please remave lost birthday) Months Days Hours Mala WIDOWED DIVORCED White May 22. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during mast of warking life, even if retired) INDUSTRY COUNTRY? Willards Md.

14. MOTHER'S MAIDEN NAME House TS A 13. FATHER'S NAME or removal, attending phys Ruth Baker James 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates af service 221-16-5190 Ruth Baker Willards, Md. RFD crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) by the hospital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying cause certificate has been Dept. of Health priar ta far use as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Hour 'a.m. factory, street, office bldg., etc.) 10 TO FUNERAL DIRECTOR: After , 1969 , ta 80 21. I certify that (1) (this haspital) attended the deceased fram 7-2-, 1962, that (1) (we) last be retained directar, page 3 shauld shauld be filed with the saw the deceased alive an 7 - 30 - 1962, and that death accurred at 37 M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S Buli me NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. tOCATION (City or Town) 23a. BURIAL CREMATION (County) (State) REMOVAL (Specify) Oct. 11 Bethel Willards Md. Wic. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

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hours after o	write RURAL and give peorest town) SALISBURY d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
7 3	TENINSULA GENERAL HOSPITAL ORAC NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1)	Doy Year 18 19 6 2 YEAR IF UNDER 24 HRS.
≥	M WIDOWED DIVORCED 3-1-1918 last birthdoy) Months O LISTIAL OCCUPATION (Give kind of work done 10h KIND OF RUSINESS OR 11 BIRTHDLACE (State or foreign country) 12 (IT)	Doys Hours Min. ZEN OF WHAT
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	S. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dotes of service) 173-10-7982 TRENE H. BANKS, FRANKFO	X
crematian, ar remaval,	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Massive head ruyury a cere had reclema DUE TO Conditions, if ony, which gove)	INTERVAL BETWEEN ONSET AND BEATH
	rise to immediate couse (a), stating the underlying couse (b). DUE TO (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIF	747.	26
88°	20c. TIME OF INJURY Month, Doy, Year 11. Car Hour o.m. 10-15 1967 20d. INJURY OCCURRED Of While of work of twork of two	Del.
,	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, death resulted from: Natural causes Accident Suicide, Hamicide, Undetermined manner	ond in my opinian
2	ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ph. A. INSLEY ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	22. DATE SIGNED 16-18-67
=	REMOVAL (Specify) 10-21-67 (AREYS (EMETERY FRANKFORD) A FUNERAL DIRECTOR ADDRESS/ A FUNERAL DIRECTOR 250 RECID BY REGISTRAR 25b REGISTRARS SIG	County) (Stote) USSEX DEZ.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14611 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14621 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Wicomico a COUNTY o. STATE Wicomico Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and M3. Eden Delmar d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC PO ON A FARM? Route # 2 YES NO F Connelly Mill Rd. Railroad Crossing in Item 18. Give Pages 24 haurs after death. 3. NAME OF DATE Year DECEASED DEATH 10-20-67 (Type or print) Barkley Ernest Wasley IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Manths Davs Hours 72 hours after deoth WIDOWED DIVORCED poges lond 2 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast of warking life, even if retired) KAGIOWAN 2NO pencil be executed within 13. FATHER'S NAME .⊆ 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. rd "pending" in Chief Medical E permit. (Yes, no, or unknown) (If yes give war or dates of service event within IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). buriol-tronsit PART I. DEATH WAS CAUSED BY: SUSEL AND DEATH Crushed chest IMMEDIATE CAUSE (o) This certificate shauld certificate, writing the word DUE TO ony Canditions, if any, which gave (b) rise ta immediate cause (a), = DUF TO stoting the underlying couse 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) or removol, PERFORMED? CERTIFICATION NO X pe 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 should CAUSE OF DEATH Driver of car that collided with freight train. cremotion, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Your 11:35 Pm.M. 10-20-67 While Nat While at wark X RR crossing FUNERAL DIRECTOR: Page at wark Delmar Wicomico Md. pleose execute 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion Accident X . Spicide death resulted from: Natural causes Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER necessary, Earl L. Royer. M.D. 10-23-67 O FUNE Heolth Address (Street, city, tawn, ar county) 23d. LOCATION (City or Town) (State) Salisbury PRING HILL MEMORY GARDEN -Wico, KIN VR A 15ME (

3 , 010. saladed recently at IATA green 70-02-01 Teast the state of 6-11-37 ROSIONAN 2NOCKES U.S.A.NAYY BOLISHURY NO US.A. HABEL BERKIEF FRUEST HURE'S 217-30-9804 Shelby Bockley Ktashiksz Edm Lt and the duration with the the time to be view. ill control garle and anthrops H. I a second of the second second To see the P & e 2 the remarkable town and my town Bur sof 10-26-67 This Hill Howard Codes Sale Soury - Wice Hel Marie Land Land of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14622 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. attending physician and campletely filled in by the funeral permit. Then please remave carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY Wicomico MARYLAND an papers. Pages I within 72 hours after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporote limits. write RURAL and give negrest town Washington d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? 2707 Adams Mill Road Peninsula General Hospital NO K YES NAME OF First Middle DATE Last Day Year DECEASED John Donsey 19 6 (Type or print) DEATH oher IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED X DATE OF BIRTH NEVER MARRIED lost burthday) Manths Days Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT INDUSTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma May Moknett 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give war or dates of service Mrs. John D. Bassett, Washington, D.C. 218-16-5105 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO signed indlecell cancinoma Conditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been use as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) State Dept. af Health carcinomas NO O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspitol ar far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) Hour o.m Nat While factory, street, affice blda., etc.) ot wark . 19 67 that (1) (we) lost 2]. I certify that (1) (this hospital) ottended the deceosed fram Quag ZZ, 1961, to Octo shauld 19 67, and that death accurred at 7:40 PM, fram causes and an the date stated above. saw the deceased olive on GCX-22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** DIRECTOR M.D. PHYS. PHYS. director, page 3 shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Pine Blu NAME (I)pe) 23c. NAME OF CEMETERY OR CREMATORY 23b. DAJE THEREOF LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, Sharptown, Firemen's NEWNAM & SON, Sharptown, Md. 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb. 20 M 1/66

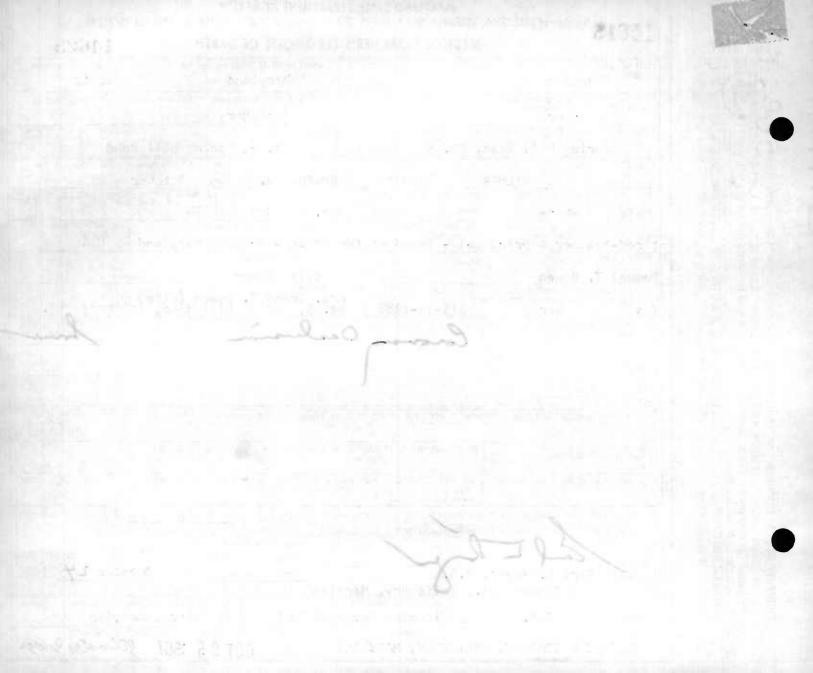
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14625 FOR STATE 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) HEALTH DEPT. 1. PLACE OF DEATH b. COUNTY Wicomico Maryland o. COUNTY Wicomico ŧ deoth. MARYLAND. Department c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Orm Rt. 5, Spring Hill Road Spring Hill Road, Rt. 5 NO F with the State death. with Middle DATE Month Day Year First 3. NAME OF DECEASED 1967 23 BISHOP BOWEN, SR. October 0 WILMER DEATH (Type or print) within This certificate should be executed within 24 hours after should be forwarded to the Chief Medical Examiner's Office olong IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. AGE (In years 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Jast birthday) Months Hours pencil in Item 18. Oct. 1, 1893 White WIDOWED event Male lond 2 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) - Board of Education - Newark, Maryland any e Retired-teacher & principal -14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME .⊆ Ella Bishop Samuel T. Bowen puo Mrs. Irene F. Bowen (Wife) Rt. 5, Spring Hill Road, Salisbury, Md. 5 IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates af service) or removol, 213-14-1288 Yes War INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line form), (b), and (c).) SET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) writing the word burial, cremation, DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying cause 0 00 WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO X pleose execute the certificote, its designated agent, prior to pe 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS 3 should PRIMARY ar CONTRIBUTING **EXAMINER:** CAUSE OF DEATH. MEDICAL (Stote) (City or town) (County) 20e. PLACE OF INJURY (Home, farm, 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Nat While moy be retoined for your FUNERAL DIRECTOR: Page at work ot work Inquiry X 21. I certify that Litaak charge of the remains described above, held an Autopsy Inspection X and in my opinion Undetermined manner Suicide Homicide Accident deoth resulted from: Natural causes CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 1967 the funerol October L DEPUTY MEDICAL EXAMINER X L. Royer, M.D. Ear 1 Heolth or **EXAMINER'S** Address (Street, city, town, ar county) 409 Camden Ave., Salisbury, Maryland 23d. LOCATION (City or Tawn) (County) (State) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF BURIAL, CREMATION, 90 Salisbury, Maryland BEMOVAL (Specify) Oct. 25,1967 Wicomico Memorial Park 2Sb. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ocharles 1967 VR A15ME (5) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 6M 1/66



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FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14627 14617 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Wicomico MARYLAND Mary land Wicomico b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond PM3 write RURAL and give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Z hours ON A FARM? YES NO X Peninsula General Hospital 340 Barclay Street in Item 18. Give Pages 24 hours ofter death. 3. NAME OF 4. DATE Year DECEASED within (Type or print) MINNIE LEE **BROWN** DEATH 26. If UNDER 1 YEAR October AGE (In years lost_birthdoy) 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Dovs Hours May 4,1894 White WIDOWED Female DIVORCED 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY any Housewife Somerset County, Maryland Chief Medicol Exominer's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within 2 James Brown/McGrath Martha Elliott and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT permit. Mr. Harry H. Sallac (Son-in-law) 111 E. College Ave., Salisbury, Md. (Yes, no, or unknown) (If yes give wor or dotes of service removal, pending" No HITERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY SET AND DEATH burial, cremation, or IMMEDIATE CAUSE (o) This certificate should writing the word DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 0.5 lost. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED?
YES X NO the certificote, NO its designoted ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page ot work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X 1. and in my opinian death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY October 27 1967 0 Ear 1 L. Royer, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S 5 moy 100 FUNE NAME (Type) Camden Address (Street, city, town, or county) 409 Ave. Salisbury, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify)
Burial 28, 1967 Salisbury, Maryland Wicomico Memorial Park

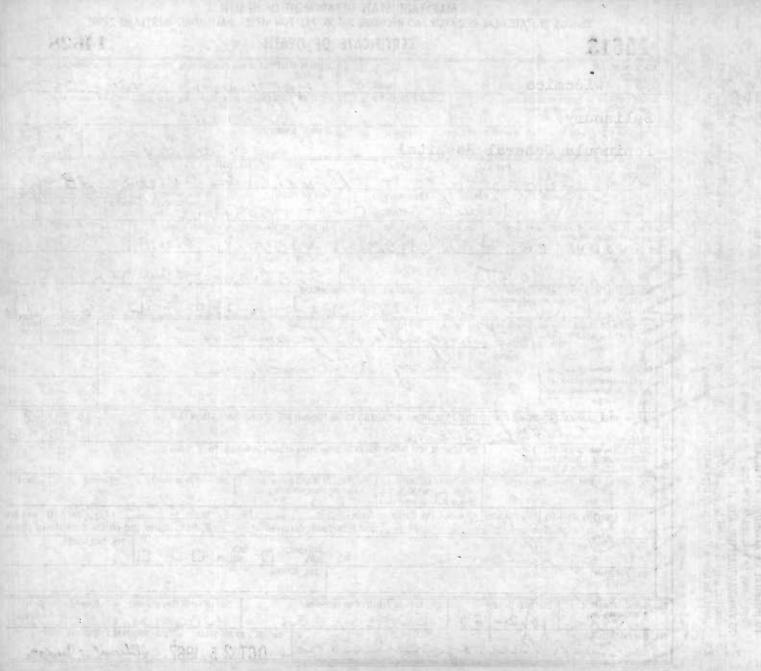
24 FUNERAL DIRECTOR

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14628 74618 death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Wicomico MARYLAND VLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury within 24 hou d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE filled in ON A FARM? Peninsula General Hospital OWELLTI NO X 3. NAME OF DATE Doy Year First DECEASED OF DEATH (Type or print) UST PHYSICIAN: The law requires that the death certificate be executed IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS S. SEX 6 COLOR OR NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY GLINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaval, ATI 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, otunknown) (If yes give wor or dotes of service crematian. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (64) be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse this certificate has been be detached far, use as the State Dept. of Health priar ta WAS AUTOPSY PERFORMED? PART-TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Z 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from Sept says the deceased alive on 2.3 19 6.7, and that dea 19 6 7, and that death occurred at M, from causes and on the dote stoted obove 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREO 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14619 14629 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY 2, and 3 ta PM3. Page o. STATE b. COUNTY Wicomico Maryland Worcester State Department of MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salisbury c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Berlin d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS farm Peninsula General Hospital North Main Street NOX This certificate shauld be executed within 24 haurs after death. NAME OF Month MIN First. Lost DATE Year DECEASED the Burbage Jr. 10-1-67 Give Ernest (Type or print) DEATH forwarded to the Chief Medical Examiner's Office along IF UNDER 1 YEAR | IF UNDER 24 HRS 9. AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED lost birthdoy) Months Hours 3 in Item 18. 1910 after death. DIVORCED WIDOWED File pages 1 and 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired ITTIRED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME event within 72 haurs permit. (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH Coronary occlusion Minutes IMMEDIATE CAUSE (o) writing the ward DUF TO in any Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 0 gud OS last be used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS'
PERFORMED? remaval, CERTIFICATION NO shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING cremation, ar CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page ot work 21. I certify that I taak charge of the remains described obove, held on Autopsy X Inspection X and in my opinian Inquiry Natural sauses X . Accident Undetermined manner funeral director. death resulted from Suicide T Hamicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE prior DEPUTY MEDICAL EXAMINER EXAMPLER'S Earl L. Royer M.D. 10-2-67 Address (Street, city, town, or county) Health 23d. LOCATION (City or Town) BURIAL CREMATION (County) (Stote) 0 REMOVAL (Specify) CKINGHAM 2So. REC'D BY REGISTR'AR 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14630 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) the attending physician ond completely filled in by the tartero sit permit. Then please remove tarbon papers. Pages + and a. COUNTY b. COUNTY Wicomico MARYLAND 24 haurs after b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY, OR TOWN (If autside carparote limits, write RURAL and give nearest town) write RURAL and give neorest town)
Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital YES NO 3. NAME OF DECEASED Middle 4. DATE Doy Year OF DEATH 1967 (Type ar print) PHYSICIAN: The law requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours WIDOWED DIVORCED IDa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. 8IRTHPLACE (County & State, ar foreign country) during most of warking life, even if retired)
HOUSE WIFE INDUSTRY **COUNTRY?** ORCESTE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME KER 16. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service) KERLIN -6021 -0 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per ting for (a), (b), PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by be retained by the hospital or ottending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been for use os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? of Heolth NO YES 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. Not While 19 at wark pe 21. I certify that (I) (this hospital) attended the deceased from. should saw the deceased alive on 10 - 22 -1962, and that death occurred at 9%. M, from causes and on the date stoted obove. 220. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) 23o. BURIAL, CREMATION, (County) BEMOVAL (Specify) WORCESTER KERI VERGREEN IN 2Sb. REGISTRAR'S SIGNATUR 2Sq. REC'D BY REGISTRAR 24. EUNERAL DIRECTOR **ADDRESS** Miantes 20 M 1/66 DATE DCT

THE COLOR OF THE PERSON NAMED IN THE PERSON OF THE PERSON NAMED IN Charles and Lewitonoil derense engantine TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

14621

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14631

	PLACE OF DEATH o. COUNTY Wicomico Marylani	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before o. STATE b. COUNTY Maryland Ce211	odmission)
	b. CITY OR TOWN (If ourside corporate limits, write RURA) od give neorest town 31135ury marylani c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest	town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e.	. IS RESIDEN ON A FARM
2	Deer's Head State Hespital		ES NO
L	NAME OF First Middle DECEASED Type or print) Milton Fletcher	Charsha 4. DATE Month Doy OF DEATH October 28	Year 19 6
	Male White WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 1-28-97 9. AGE (In years lost birthdoy) 7 yrs.	Hours
判	USUAL OCCUPATION (Give kind of work done no most of working life, even if retired) T. Shovel Ofer, 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF COLORA, N.D.	
13.	FATHER'S NAME OLIVER C. CHARSHA	14. MOTHER'S MAIDEN NAME NO INFO	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address HESPPEA PORENCE R. CHARSHA. CITY	PRE
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) CVA - Rt. Hemip Outer To Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last. (b) DUE TO (c)	ONSI	RVAL BETW ET AND DEA -7 MO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19.	WAS AUTOP PERFORMED
L CERTIFICATION	Blateral Prostate Hypertrephy 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Blateral Prostate Hypertrephy 20b. DESCRIBE HOW INJURY OCCUR		S N
MEDICAL CERTIFICATION	20₀. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES	
MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour'o.m. p.m. 19 21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on 25. 1 certify that (I) (this haspital) attended the deceased from the deceased from the deceased alive on 26. 1967, and	RED. (Enter nature of injury in Port I or Port II of item 18.) PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(St
MEDICAL CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on October 28 220. SIGNATURE 220. SIGNATURE	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or town) (County) That death accurred of 125P M, fram causes and an the date of 125P M. ATTENDING MED. STAFF 22b. DATE SIGNE DIRECTOR PHYS.	(Stated D
MEDICAL	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work o	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) Pune 21, 1967, ta Oct. 28, 1967, that death accurred allow M. fram causes and an the date M.D. ATTENDING MED. STAFF 22b. DATE SIGNE M.D. PHYS. DIRECTOR PHYS. 10/29 Deer's Head State Hospital, Salis	(Stated Down 199/67

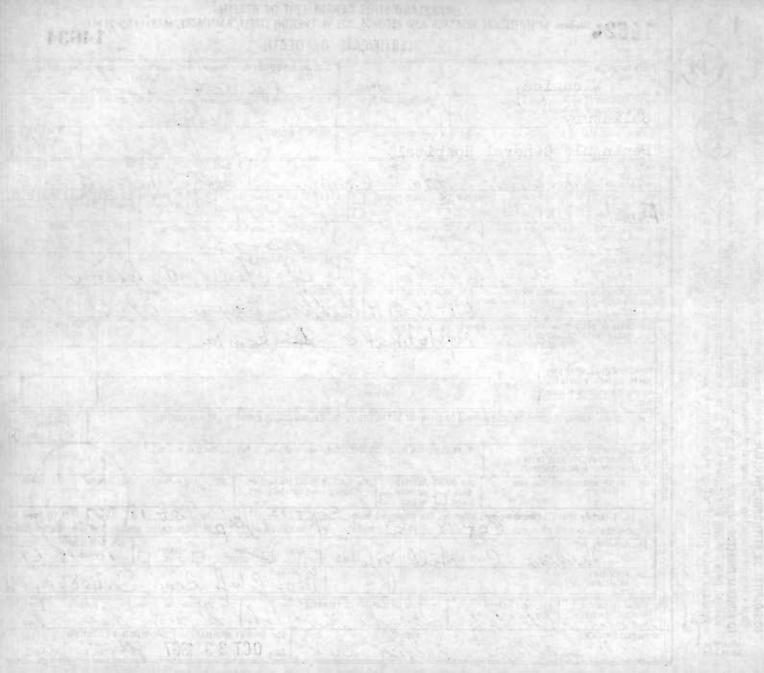
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14632 CERTIFICATE OF DEATH hours after deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY o. COUNTY Wicomico MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Salisbury requires that the death certificate be executed within 24 hou IS RESIDENCE physician and completely filled in en please remove carbon names d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Peninsula General Hospital YES NO within 4. DATE NAME OF Middle Doy Year First DECEASED DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS SEX AGE (In years 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED birthdoy) Months Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME cremation, or removal, 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per lipe for (o), ond (c).) signed by the buriol-tronsit p burial, crematic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' **DUE TO** Conditions, if ony, which gove rise to immediate couse (o), DUE TO os the stoting the underlying couse be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO tor 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Not While Hour o.m. foctory, street, office bldg., Ac.) ot work 21. I certify that (I) (this haspital) attended the deceased fram and that death occurred at 5 M. from causes and an the date stated above saw the deceased alive and 22b. DATE SIGNED 22o. SIGNATURE STAFF DIRECTOR M.D. PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should be 23d. LOCATION_(City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATEOCT 24

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MARYLAND STATE DEPARTMENT OF HEALTH

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14625

CERTIFICATE OF DEATH

14635

1. PLACE OF DEAT			o. STATE	b. (C	itution: Residence befare admission)
	Wicomico	MARYLAND		yland	Talbot
b. CITY OR TOWN	(If outside corparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	otside carparate limits, write l	RURAL and give nearest tawn)
Salis	ond give neorest town)	17 days	Easton		20-2
	PITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS	7-1-1	e IS RESIDENCE ON A FARM?
Dee	r's Head State H	lospital	435 Sou	th Street	YES NO
3. NAME OF DECEASED (Type or print)	First Pauline	Middle Virginia	lost Conway	Or.	anth Doy Year 5 19 67
S. SEX	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH	9. AGE (In years lost birthday)	Manths Doys Haurs Min.
Female		WED DIVORCED DIVORCED DIVORCED DIVORCED	July 13,1		12. CITIZEN OF WHAT
during most of worki	ng life, even if retired)	None None		& Stote, ar fareign cauntry) ine County, 1	COLINTRY 2
13. FATHER'S NAME		I A DESCRIPTION	14. MOTHER'S MAIDEN I		
Henry	Smallwood		Clara	Pauls	
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Ad	ldress
No	(If yes give war or dates af service)	unknown	Clara P.Wi	Imer, Wye I	Mills, Md.
	(b)				
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTI	YAS UNDERLYING ☐ 20 NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of item 18.)	
20c. TIME OF Hour	a.m.		ACE OF INJURY (Hame, farm tary, street, affice bldg., etc.)		(Caunty) (State)
	tify that (this laspital) a deceased glive an 10/	ttended the deceased fram_ 19.67, and the	9/18 , 1 t death accurred at	967 , ta 10/5 1:45 P M, fram cause	, 19 67 , that (% (we) lases and an the date stated above
22a. SIGNATU	RE VI lea	edil, m		MED. DIRECTOR D STAFF PHYS.	22b. DATE SIGNED 10/5/67
22c. PHYSICIA NAME (Ty		I.D.	Deer's He	ad Hospital;	Salisbury, Md.
230. BURIAL, CREMA BURIAL (Spe	ation, 23b. Date thereof (ify) 10/9/67	23c. NAME OF CEMETERY OR Newtown	CREMATORY	23d. LOCATION (City or Cordova.	Talbot co. Md.
24. FUNERAL DIREC		ADDRESS	2So. REC'S		REGISTRAR'S SIGNATURE
Barbar	a L. Dashiell	Easton, Mary	1111	11 196/	ychances yunge

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be **exec**uted within 24 haurs after death Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please temave carban papers. Page strongly be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs at

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

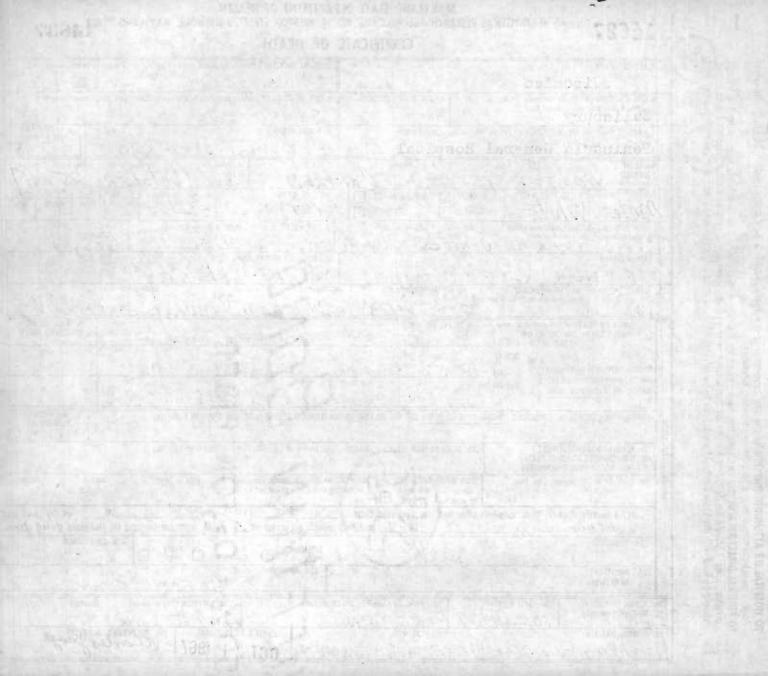
CEDTIFICATE OF DEATH

14636

o. COUNT			2. USUAL RESIDENCE (V o. STATE	Where deceosed lived, if institution b. COUN		odmission)
1 000	Wicemice	MARYLAND	Mary		Talbo	
b. CITY O write	R TOWN (If outside corporate limits, RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	tside corporate limits, write RUR	AL and give nearest	town)
	Salishury	1 mo. h days	Easton			24-2
d. NAME	OF HOSPITAL OR INSTITUTION (If not	in hospitol, give street oddress)	d. STREET ADDRESS		6	ON A FARM?
	er's Head State	"ospital	Rt. #2 (B1	ack Dog Alley)	Y	res NO
3. NAME OF		t Middle	Lost	4. DATE Month	Doy	Year
(Type or	orint) Arthur	Elliett	Cook	DEATH October	. 29	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Doys	Hours Mir
Male	White	WIDOWED DIVORCED	7/4/1901	66 yrs.		
10o. USUAL O	CUPATION (Give kind of work done f working life, even if retired)	IDb. KIND OF BUSINESS OR INDUSTRY		& Stote, or foreign country)	12. CITIZEN OF COUNTRY?	TAHW
				e, Maryland	USA	
13. FATHER'S			14. MOTHER'S MAIDEN N			
	ph Cook		Mamie Ell			
1S. WAS DEC	EASED EVER IN U.S. ARMED FORCES? nknown) ((If yes give war or dates of	service)	INFORMANT	Addres		
no		220-32-1421 M	rs. Sarah Ma	rie Cook, RFD	#2, East	on, Md.
IB. CAI	ISE OF DEATH (Enter only one coust RT I. DEATH WAS CAUSED BY:	e per line for (o), (b), ond (c).)			INTE	RVAL BETWEEN ET AND DEATH
	IMMEDIATE CAUSE (Lipo-Sarcoma Lef		Extensive		
17	DUE T	Pulmonary Metast	2365		1	yr.
	mmediate couse (a)	b)				
stoting	the underlying couse DUE					
lost.		()	THE TERMINAL DISCASS CON	DITION ONED IN DARK II		WAS AUTOPSY
PAKI II.	UTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(0)		PERFORMED?
A 100	DENT WAS INDEDICATED TO	Took pressure your million occupant	/F	D-4 D-4 - (2 10)	YE	S NO
S OR CON	IDENT WAS UNDERLYING RIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in I	Port I or Port II of Item IB.)		
	AE OF INJURY Month, Doy, Yeor		ACE OF INJURY (Home, form		(County)	(Stote
WED	Hour o.m. 19	of work of work	ctory, street, office bldg., etc.)			
21.	p.m. 19 1 certify that (1) (this hasp	ot work ot work literal) attended the deceased fram_	September 25	9.67 to Oct. 29	19.67, the	at (1) (we)
21. sav	p.m. 19 1 certify that (1) (this hasp v the deceased alive anO	of work of work	September 25	9.67 to Oct. 29 7:06 M, fram causes o	19.67, the date 1 22b. DATE SIGNE	stated ab
21. sav	p.m. 19 1 certify that (1) (this hasp the deceased alive an Q GNATURE	otwork otwork otwork ottal) attended the deceased fram_19_67, and the	September 25 at death accurred at	9.67, ta Oct. 29 7:06 M, fram causes o	an the date	stated ab
21. sav 220. Si	p.m. 19 I certify that (I) (this hasp the deceased alive an Q GNATURE ATSICIAN'S OF THE ATTENTY	of work of work of work of the deceased fram_19_67, and the	September 25 at death accurred at	9.67, to Oct. 29 7:06 M, fram causes of MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNE	stated ab
21. sav 220. Sl	p.m. 19 I certify that (I) (this hasp v the deceased alive an Q GNATURE ITSICIAN'S AME (Type) C. H. WINN	of work of wor	September 25 at death accurred at attending PHYS. 22d ADDRES H	9.67, to Oct. 29 7:06 M, from causes of MED. STAFF DIRECTOR PHYS. Elead State Hosp	22b. DATE SIGNE 10/29 ital, Sal	e stated ab 67 isbury
21. sav 220, si 22c. Pi N	p.m. 19 I certify that (I) (this hasp v the deceased alive an Q GNATURE HYSICIAN'S C. H. WINN CREMATION, 23b. DATE THER	of work of wor	September 25 at death accurred at attending PHYS. 22d ADDRES H	9.67, to Oct. 29 7:06 M, fram causes of MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNE 10/29 ital, Sal	e stated ab 150 167 isbury
21. 50V 220. SI 22c. Pi N 230. BURIAL REMOV Burial	p.m. 19 1 certify that (1) (this hasp 1 the deceased alive an Q GNATURE AYSICIAN'S C. H. WINN CREMATION, 23b. DATE THER	of work of wor	September 25 at death accurred at D. ATTENDING PHYS. 22d ADDRESS H CREMATORY	MED. DIRECTOR DIPHYS. 23d. LOCATION (City or Tow	22b. DATE SIGNE 10/29 ital, Sal	stated ab

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the deoth certificate be executed within 24 hours after death by the funeral and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Wicomico ofter MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, Salisbury HARPTOW IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS paper ithin 72 ON A FARM? Peninsula General Hospital NO V YES NAME OF Middle DATE corbon First Doy Year physician and completely OF DEATH DECEASED (Type or print) 9. AGE (In years IF UNDER YEAR DATE OF BIRTH 7. MARRIED NEVER MARRIED remove last birthday) Months Days Hours in ony DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? doring most of warking life, even if retired) INDUSTRY pleose pup USSEX PE-COYERER-IN U PON. ATTOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, en signed by the attending 16. SOCIAL SECURITY NO INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates af service) No cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO burial, Canditians, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse the hospitol or ottending as the prior to hos been last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ATTENDING PHYSICIAN: The CERTIFICATION NO this certificate for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City ar town) (County) (Stote) factory, street, affice bldg., etc.) Hour o.m. Nat While Stote O FUNERAL DIRECTOR: After at wark at wark be retained by 21. I certify that (I) (this haspital) attended the deceased fram should saw the deceased alive an 1967 and that death accurred at 5 1/2 M, fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE PHYS DIRECTOR M.D. PHYS. poge 3 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) pe director, should 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23o. BURIAL, CREMATION 23c. (County) REMOVAL (Specify) REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR ADDRESS FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14639 14629 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY Worcester o. COUNTY o. STATE delay is and 3 to Maryland Wicomico MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn)
Salisbury 13 days Bishopville Depor e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS be executed within 24 hours ofter death. If Peninsula General Hospital YES NO T in pencil in Item 18. Give Poges Poge 4 should be forwarded to the Chief Medical Examiner's Office along with 3. NAME OF Middle Day burial-transit permit. File pages 1 and 2 with the St First Lost 4. DATE Month Year DECEASED OF DEATH Granville Cropper 10-29-67 (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE X NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED last birthday) Months Haurs event within 72 hours after death. WIDOWED DIVORCED 10-9-71 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY S. during most of working life, even if retired)
Retired Postmaste COUNTRYSA Mail Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles W. Cropper Ann Rathryn Gray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates af service please execute the certificate, writing the word "pending" 214-34-8238 Della Cropper bishopville. XX INTERVAL BETWEEN ONLYT AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) This certificate should DUE TO in ony Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse be used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) or removol, NO 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part 11 af item 18.) 3 should CAUSE OF DEATH Fell at own home. cremation, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) YOUR While Not While factory, street, affice bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Poge at wark 9A.M. 10-16-87 at wark Bishopville Worcester Md. Own home. 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my apinian deoth resulted from: Natural causes A. Accident X. Suicide Undetermined manner Homicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER Earl L. Royer, M.DO 10-30-67 Health Address (Street, city, tawn, ar county) NAME (Type) 230. BURIAL, CREMATION, 9 Camdon Ave Salisant Com 23d. LOCATION (City or Town) (County) 0 Bishopville, Md. REMOVAL (Specify) 24. FUNERAL DIRECTOR MG. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Ochoney 1967 6M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. STATE b. COUNTY o. COUNTY Wicomico Wicomico MARYLAND Mary land PHYSICIAN: The law requires that the death certificate be executed within 24 hours after c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carparate limits, within 72 hours aft Salisbury filled in e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Peninsula General Hospital 403 Mount Street NO X 3. NAME OF Middle Lost 4. DATE Day Year First pleose remove carbon physician and completely DECEASED CLEVELAND (Type or print) nnis DEATH S SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ast birthdoy) Manths Days Haurs Sept. 25,1885 Male WIDOWED X DIVORCED and in ony White 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)
Retired Farmer INDUSTRY Farming Worcester County, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Purnell J. Dennis Alice Hudson WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes give wor or dates of service) Mrs. Alice K. Brittingham (Daughter) or 17-54-5343 403 Mount Street, Salisbury, Maryland NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (9), (b), and (c).) ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave rise to immediate cause (a), DHE TO stoting the underlying cause os the be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO for 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) foctory, street, office blda., etc.) Not While at wark at work 15, 1967, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 196 should A M, fram causes and an the date stated abave. saw the deceased alive an McA 1967, and that death accurred at 3 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** Oct. 16, 1967 M.D. PHYS DIRECTOR PHYS director, poge 22d. ADDRESS 22c. PHYSICIAN'S Medical Center, Salisbury, Maryland NAME (Type) should 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23g. BURIAL CREMATION. B REMOVAL (Specify) Oct. 18,1967 Wicomico Memorial Park Salisbury, Maryland 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HOLLOWAY & COMPANY, SALISBURY, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

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The law requires that the death certificate be executed TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completed director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72, h

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1464 14642 12632

1	PLACE OF DEATH a. COUNTY		hare deceased lived, If Institution	Residence before admission)
	Wicomico MARYLAND	Maryland	b. COUNTY	comico
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		da corporata limits, writa RURAL	
	Salisbury	Fruitlan	d	32-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	<u>u</u>	a. IS RESIDENCE
0	Wicomico Nursing Home	Dulany A	ve. & Cedar St.	YES NO
	NAME OF First Middla		DATE Month	Day Year
	(Typa or print) LILLIE MAY		DEATH October	10 1967
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF UNDE	
	Female White WIDOWED X DIVORCED S	ept. 24, 1882	85 yrs. Months	Days Hours Min.
	0a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & S	itate, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	Retired employee Food ProcessingCo.	Wicomico Coun	tv. Marvland	USA
-	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1.	
	Joseph Henry Tilghman	Alice Vincent		
		nformant r. Arthur J. En	Addrass	450, 125, 251, 25
	No 218.05 87024			
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	.U. Box #9/, Fr	uitland, Maryla	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Illo + Fai	lacio	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	, care i		
	That DUE TO MY ARD A SID	C. D		
	Conditions, if any, which gave rise to immediate cause	o and the		
	(a), stating the underlying DUE TO	e a. Je	00000	7
	causa last. (c)	9 000 7 3	was	
13	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?
3	Chronie Myllor	to bullen	ua	YES NO
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO COURSE OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTING TO DEATH BUT NO COURSE OF CONTRIBUTION CONTRIBUTING TO DEATH BUT NO COURSE OF CONTRIBUTING TO COURSE OF CONTRIBUTING TO COURSE OF COURS	. (Enter natura of injury in Part I	or Part II of itam 18.)	
	, , ,		Of. (City or town) (C	County) (Steta)
	Hour a.m. p.m. 19 While Not Whila tack at work at work	ory, street, offica bldg., atc.)		
	21. I certify that (I) (this hospital) attended the deceased from.	900 194	1. 10 10/10	19(2.7, that (I) (we)-last
1		// ADDa		
		death occurred at 110M	, from the causes and on	22b, DATE
4	22a. SIGNATURE	ATTENDING MED.	STAFF	SIGNED
	1 On 14 1/11/11/12	DINC M DIRECT		. 1 13 /10/7
		.D. PHYS. DIRECT	OR PHYS. U OC	tober 12/1967
	22c. PHYSICIAN'S NAME (Typa)	.D. PHYS. DIRECT		tober 12/1967
	22c. PHYSICIAN'S NAME (Typa) Dr. Robert T. Adkins	D. PHYS. DIRECT 22d. ADDRESS Fruitland.	Maryland	
1	22c. PHYSICIAN'S NAME (Typa) Dr. Robert T. Adkins 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	D. PHYS. DIRECT 22d. ADDRESS Fruitland.		
	22c. PHYSICIAN'S NAME (Typa) Dr. Robert T. Adkins	D. PHYS. DIRECT 22d. ADDRESS Fruitland, OR CREMATORY 23 Cemetery S	Maryland d. LOCATION (City, lown or co	unty) (Stata)
1	22c. PHYSICIAN'S NAME (Typa) Dr. Robert T. Adkins 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) REMOVAL (Spacify)	D. PHYS. DIRECT 22d. ADDRESS Fruitland, OR CREMATORY 23 Cemetery S	Mary 1 and	unty) (Stata)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14633 14643 CERTIFICATE OF DEATH and 2 within 24 hours after death signed by the ottending physicion ond completery filled in by the funeral buriol-transit permit. Then please remove carbon popers. Poges I and buriol, cremotion, or removol, ond in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Wicomico MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELMAR - Rural Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS Near Columbia YES NO Peninsula General Hospital 3. NAME OF Middle 4. DATE Lost October DECEASED (Type or print) XXXXXXXXXXXXX DEATH requires that the death certificate be executed S. SEX. 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS. NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Home Delmar, Delaware 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James Games Easter Games 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Unknown Russell Gaines, Delmar, Del., RFD #2 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) physician. DUE TO Euro sclerosie Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse Page 4 moy be retoined by the hospitol or attending os the hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO erosis this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour a.m. factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After of work 19 67, that (1) (400) last 21. I certify that (1) (this hospital) attended the deceased fram OC should 1967, and that death accurred at 135 M, fram causes and an the date stated above. saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR LAuras M.D. 22d_ ADDRESS 22c. PHYSICIAN'S NAME (Type) ine director, should b 23c. NAME OF CEMETERY OR CREMATORY 723d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF Nov. 2, 1967 Mt. Nebo Cemeterv Near Delmar, Delaware 24. FUNERAL DIRECTOR one Translow 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1967 Framptom and Son, Federalsburg, Md.

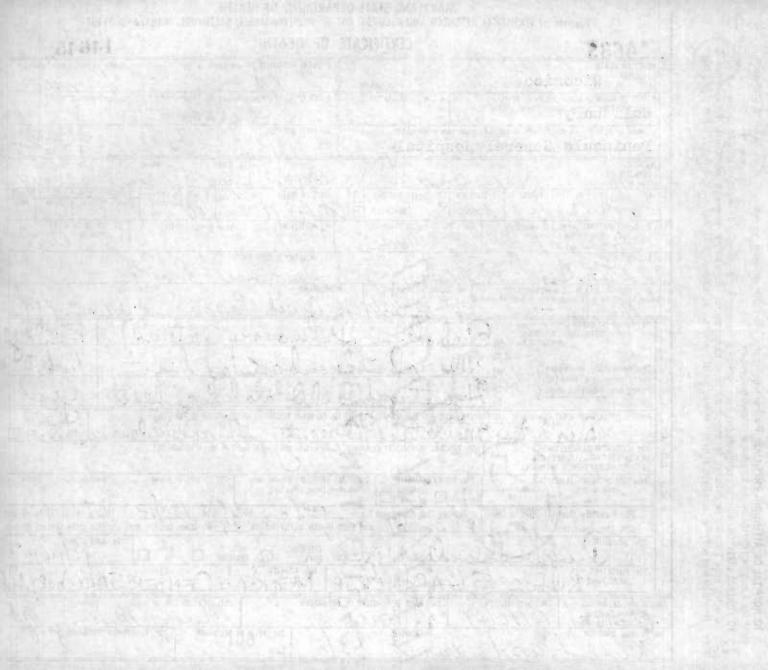
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY the 1. b. COUNTY : COMICO after Workester MARYLAND Pages b. CITY OR TOWN (if outside corporate limits. C. LENGTH CF STAY IN 1b of outside corporate limits, write RURAL end give nearest town) þ write RURAL and give nearest town) hours Stropt Ξ lisburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 HOME ND 3 YES executed within NAME DE DATE Middle DECEASED DF (Type or print) DEATH 19 10 6 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS | Iast birthday) | Months | Days | Hours | Min remove NEVER MARRIED 1887 9. 7. MARRIED Months I and NOV. WIDOWED X DIVORCED attending physician a ermit. Then please re = 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) TockTon 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ed by the attenctransit permit. (Yes, no, or unkown) (If yes give war or dates of service) MARKE signed by th CAUSE DF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The taw requires uner in the retained by the hospital or attending physician. IMMEDIATE CAUSE (a) Attending

has been significant to the burial to the burial, contains the burial than the burial DUE TO Conditions, If eny, which gave rise to immediate DUE TO (a), stating the underlying cause last. (c) CERTIFICATION PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART A(2) 19. WAS AUTOPSY for use Health PERFORMED? NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) ACCIDENT WAS UNDERLYING detached for the Dept. of I OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour Not While at work at work P should ith the certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the saw the depeased alive on and that death occurred at M, from the causes and on the date stated above. 22b. page ATTENDING PHYS. STAFF PHYS. DIRECTOR Page 4 may HYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, DEMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23c. BURIA NOW 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14645 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Wicomico MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn b. CITY OR TOWN (If autside carparate limits, RHRAL-and give nearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS ON A FARM Peninsula General Hospital YES 3. NAME OF Middle Last 4. DATE Manth First Doy Year physician and campletely carban DECEASED GREEN (Type or print) DEATH ctober The law requires that the death certificate be executed S. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Months WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? tousework 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 101 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (State) 20c. TIME OF INJURY Month, Doy, Year (County) Not While factory, street, affice blda., etc.) 19 21. I certify that (1) (this hospital) attended the deceased from and that death accurred at 8 % M, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR 22c. PHYSICIAN'S ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF OF CEMETERY OR CREMATORY 23d LOCATION (City or Towh) (County) FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ICAL EXAMINER'S CERTIFICATE OF DEATH Item #7 14635 14646 FOR STATE HEALTH DERI . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay is ond 3 to M3. Poge o. COUNTY o. STATE b. COUNTY Maryland Somerset Wicomico MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give necrest town)
Salisbury c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 , 2, o. P.M3. P Princess Anne d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Office olong with form pencil in Item 18. Give Poges 1, Route # 3 Box 322 Peninsula General Hospital YES NO executed within 24 hours ofter death. with/the Star 3. NAME OF Middle 4. DATE Lost Month Doy Year DECEASED OF 10-25-67 Edna Louise Hall (Type or print) DEATH 19 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) 25 vrs. Months Doys Hours deoth. 2-19-12 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? hours ofter word "pending" in pencil in the Chief Medical Exominer's Domestic Maryland

14. MOTHER'S MAIDEN NAME II S A 13. FATHER'S NAME permit. File Wallace White Woolford Emma 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) ((If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address event within 72 191-38-0109 Oliver Hall Princess Anne Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSEL AND DEATH PART I. DEATH WAS CAUSED BY This certificate should be Congestive heart failure IMMEDIATE CAUSE (o). writing the word DUE TO dny Conditions, if ony, which gove Hypertensive cardiovascular disease Years rise to immediate couse (a), forworded to . = DUE TO stoting the underlying couse 0 pup SD Stricture of the abdominal aorta Years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? or removal, the certificate, YES X NO pe Patient expired under anesthesia for aortic bypass. 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) **EXAMINER:** CAUSE OF DEATH. cremotion, MEDICAL 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. Not While YOUR DIRECTOR: Page ot work L ot work 21. I certify that I took charge of the remains described above, held an Autapsy [X]. Inspection [X]. Inquiry and in my apinian 5 Suicide T. Natural causes ... Hamicide funeral director. death resulted from Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER 10-27-67 EXAMINER'S Earl L. Royer. M.D. Address (Street, city, town, or county) NAME (Type) 230. BURIAL, CREMATION Sallabury the 23d. LOCATION (City or Town) (County) 0 REMOVAL (Specify)
Burial Church 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) DATE NOV 3 6M 1/67

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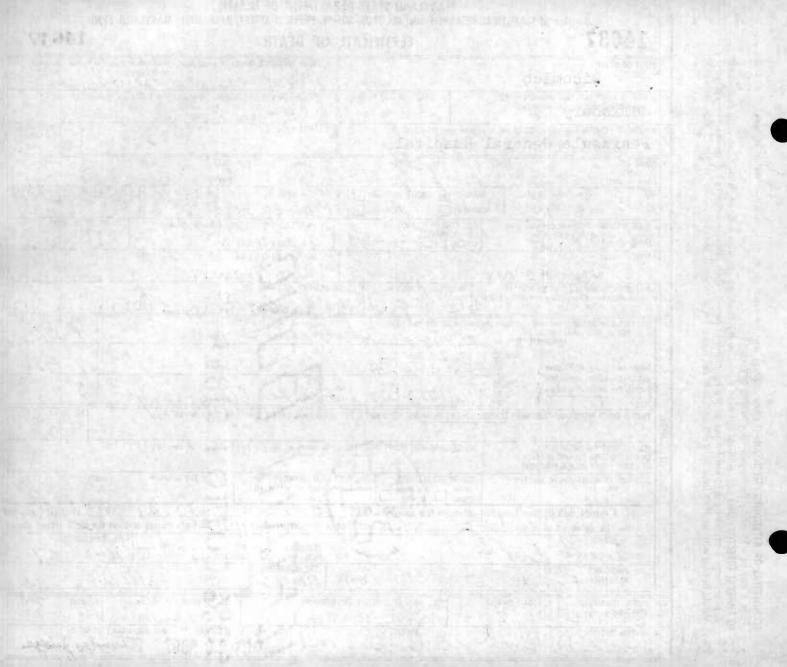
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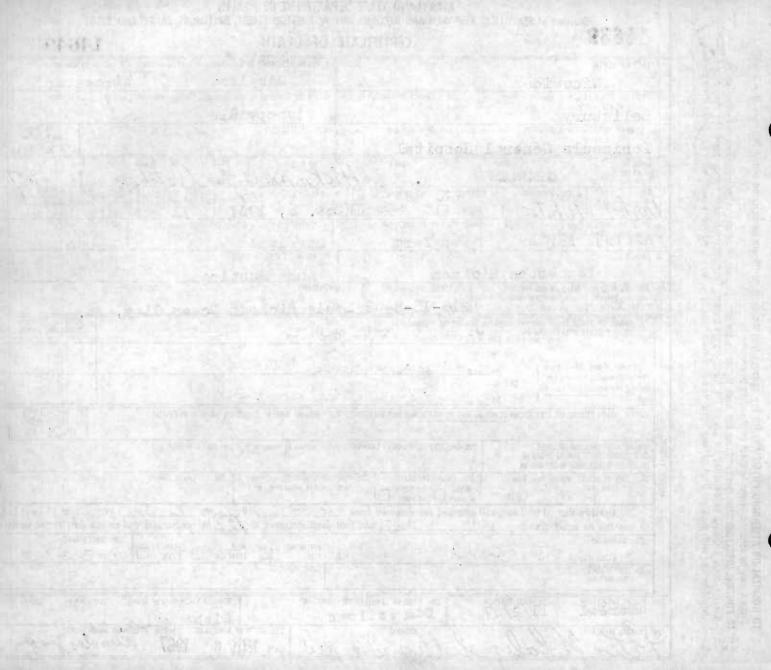
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14639 Item #8	CERTIFICATE	OF DEATH	14649
1. PLACE OF DEATH a. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE Maryland	red, if institution: Residence before admission) b. COUNTY orcester
b. (ITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate lim	nits, write KUKAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CHARLES	W. Middle	Lost 4. DATE OF DEATH	October 30 1967
S. SEX 6. COLOR OR RACE 7. MAR WIDO	OWED DIVORCED	Oct. 6, 1967	(In years IF UNDER 1 YEAR IF UNDER 24 YRS. t birthday) Months Days Hours Min. The year Min. Min. The year Min. Min.
during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY OWN Farm	11. BIRTHPLACE (County & Stote, or foreign Maryland	country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Pemberton Hic		14. MOTHER'S MAIDEN NAME Anna Bunting	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)		NFORMANT Duis Hickman Oces	Address
18. CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		lotion	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which gove rise to immediate cause (a), stoting the underlying cause	orllagen Vasa	to supposed.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II o	f item 18.)
Hour o.m. 19	While Not While at work fact	tory, street, office bldg., etc.)	y ar town) (Caunty) (State)
21. I certify that (I) (this hospital) sow the deceased olive on	attended the deceased from	of death occurred at 127 M, fr	am causes and an the date stoted above.
22a. SIGNATURE	sel m.	D. ATTENDING MED. DI PHYS. DIRECTOR D 1 22d. ADDRESS	STAFF PHYS. D 11-3-67
22c. PHYSICIAN S NAME (Type)			ON (City or Town) (County) (County)
23a. BURIAL (REMATION, READ VALUE SECTION 11/2/67	23c. NAME OF CEMETERY OR Odd Fellows ADDRESS		ON (City ar Town) (County) (State)
24. EUNERAL DIRECTOR Whally	1/ 1 POURESS ON		1867 Scharles Judge

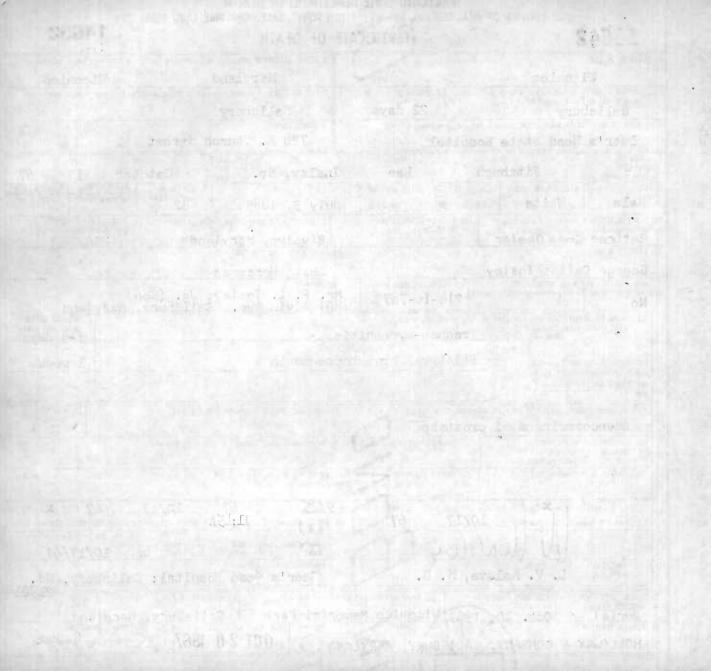


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14640 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE h COUNTY Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1h c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) write_RURAL and give negrest town) 72 hours Salisbury e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? Peninsula General Hospital YES NO NAME OF DATE Year Doy DECEASED 19 (Type or print) DEATH IF UNDER 24 M DATE OF BIRTH IF UNDER AGI (In yeors lost birthdoy) or removal, and in any eve SEX COLOR OR RACE 7 MARRIED NEVER MARRIED attending physician and comparement. Then please remave Months Ooys Hours DIVORCED WIDOWED 124 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY MRITINIE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME TA131 -12 AC 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ettime-RTI. Box 142/topkon Mc (Yes, no, or unknown) (If yes give wor or dotes of service burial, crematian. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) the ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY monas IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), OUF TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? far use detached far use te Dept. of Health NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Hour o.m. Not While 19 ot work 21. I certify that (I) (this hespital) attended the deceased from 196 19 67, that (1) (we) last shauld M, from couses and on the date stated above. 196 ond that death occurred at_ saw the deceased olive on 22b. DATE SIGNED 220. SIGNATURE ATTENDING M.O. PHYS **OIRECTOR** PHYS director, page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) AVENMENTICOM URIAL 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 hornos

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14653 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) · COUNTY ONICO o. STATE b. COUNTY MARYLAND Wicomico hours after b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS ON A FARM? PHYSICIAN: The law requires that the death certificate be executed within 24 filled Purnell Street YES NO NAME OF Middle DATE First Day Year DECEASED camplete (Type or print) DEATH 1960 Car IF UNDER 24 HRS S. SEX 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED lost birthdoy) Months Dovs in any WIDOWED DIVORCED 3-1883 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT please during most of working life, even if retired) **M**DUSTRY pub 13. FATHER'S NAME remayal, Puenell St. Jersey W. R.E. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service 70 18. CAUSE OF DEATH (Enter only one couse per time for (o), INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4200 DUE TO burial Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending detached far use as the te Dept, of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) this certificate has YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (this haspital) attended the deceased fram. DIRECTOR: saw the deceased alive an_ and that death accurred at .- O. M. fram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, strould be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b DATE THEREOF REMOVAL (Specify) SALS BURY 10,00 GISTRAR 256, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAF

CRAST Some Madjanie Lieranie 3Rishald There 18th K. F.D. Verseghel ... William Charace Venkinss C × 8-3-1813 84 Novy York Euply William Syste S. C. 45.8 Cypus Jenkins Upknown 22542-1947A Lillie Wise Prevent St. Joseph Places Durial 18-26-67 Garden Horses Collection wise- 10 The state of General Streeting Statement of 1961 " " with grade grader

NA	Division of STATISTICAL	MARYLAND STATE DE	W DDECTON CTDEET PAITIMODE	MADVI AND 21201
MX	11.C.1.4 Item #8	Film #G391 11/15/6	W. PRESTON STREET, BALTIMORE, OF DEATH	16142
Topours after death		CENTIFICATE		
1.	a. COUNTY Lui comi		2. USUAL RESIDENCE (Where deceased lived, a. STATE AA	h COUNTY /
1	MICOUITCO	MARYLAND c. LENGTH OF STAY IN 1b	MARVEAND	SOMERSET
<u> </u>	b. CITY OR TOWN (If outside corporate limits,		MT. VERNON	write RURAL ond give neorest town)
80	d. NAME OF HOSPITAL OR INSTITUTION (If not in h Peninsula General		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First	Middle	Lost 4. DATE	Manth Doy Year
	(Type or print)	E. J	ONES DEATH OC	TOBER 30 1967
S.		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 1897 9. AGE (In last bir	thday) Manths Days Haurs Min.
10	a USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Caunty & State, ar fareign caun	yrs. 12, CITIZEN OF WHAT
du	ring most of warking life, even if retired)	INDUSTRY	DENTON CAROLINE	COLINTRY 2
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME)
L	FREDRICK KICH		UNKNOWN	
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Ves, na, or unknawn) (If yes give war ar dates af servi	ical	NFORMANT COAUGHTE	Address D M2
-	NO	1220-01-2458 A	WATIAE JALE	INTERVAL BETWEEN
4	18. CAUSE OF DEATH (Enter only ane cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line tary(a), (b), and (c).)	I Infarction	ONSET AND DEATH
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	Conditions, if ony, which gove rise to immediate cause (a), (b)	aMerosclero	re Altyperte	neene!
1	stating the underlying cause	lunt	- America	1m
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	DUTING TO DEATH BUT NOT BELATED TO 1	THE TERMINAL DISEASE CONDITION CIVEN IN PAR	T 1(a) 19. WAS AUTOPSY
CERTIFICATION				PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I ar Part II of iter	m 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur a.m.		CE OF INJURY (Home, farm, ary, street, office bldg., etc.)	tawn) (Caunty) (State)
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	21. I certify that (I) (this haspital	attended the deceased fram	t death accurred at 12 3M, fram	196 that (1) (we) last
	saw the deceased alive on	0/30 19 (, and that	death accorred at 12 7m, fram	causes and an the date stated above.
П	Xand V21	un M.	D. ATTENDING MED. STA	AFF
	22c. PHYSICIAN'S		22d. ADDRESS	
L	NAME(Type)			
23	REMOVAL (Specify) 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	MITIVE	City or Town) (County) (Stote) RNON SOMERSET, M
2	4. FUNERAL DIRECTOR	258 ADDRESS Quant	54 25a, REC'D, BY, REGISTRAP 67	25b. REGISTRAR'S SIGNATURE
-	Villiam 24 James	IL Princess An	DATE OF LOUIS	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14645 PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTYW icomico a. STATE Maryland a. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Saliebury d. STREET ADDRESS e. IS RESIDENCE ON A FARMS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) vithin 72 Peninsula General Hospital 318 Cherryway YES NO NAME OF DECEASED Middle 4. DATE Month Year First Doy Paul Scott 19 6 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy Manths Hours Davs Sept. WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY INDUSTRY Timber Maryland Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remayal, Ida Downs Eleck Jones WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates af service Josh Jones Salisbury, Md. 222-09-787 XX XX INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gave rise to immediate cause (o), DUE TO stoting the underlying couse attending as the has been WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES 7 NO TO FUNERAL DIRECTOR: After this certificate far 20g. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While at wark at wark 0016 , 19 GT, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram Servi 1967 be retained shauld 19 67, and that death accurred at 720 M, fram causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, shauld be 23d. LOCATION (City or Town)
Whaleyville 23a. BURIAL, CREMATION, REMOVALTS Decity) 23b. DATE THEREOF 10/10/67 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Dale Worceter 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Me. 24. FUNERAL DIRECTOR

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ROBERT CEL

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14655 14648 CERTIFICATE OF DEATH the attending physician and campletely filled in by the funeral rist permit. Then please remaye carbon papers, Pages I and 2 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) b. COUNTY ORCES TER o. COUNTY Wicomico MARYIAND ARYLAN D b. CITY OR TOWN (If autside carparate limits, swite RURAL and give nearest town) c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 241 d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM Peninsula General Hospital 10 NO K YES NAME OF 4. DATE Year First lost Dov DECEASED OF DEATH RR TE (Type or print) AGE (In years last birthday) DATE OF BIRTH IF UNDER S. SEX 6. COLOR OR RACE NEVER MARRIED Manths Days Hours WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT dumg most of working life, even if retired COUNTRY? 5 14. MOTHER'S MAIDEN NAME 13: FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes give war ar dates of service) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO signed t Conditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying couse attending as the O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS!
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) stached far use Dept. af Health NO ro Hospital or Attenbing PHYSICIAN: Page 4 may be retained by the haspital or 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a.m. factory, street, office blda., etc.) Nat While ot work at work 1967, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram and that deoth occurred of 452M, from causes and on the date stated above. saw the deceosed alive on_10 -1 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR M.D. director, page 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS should 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, THEREOF (Caunty) REMOVAL (Specify) BRUN 2. 0 67 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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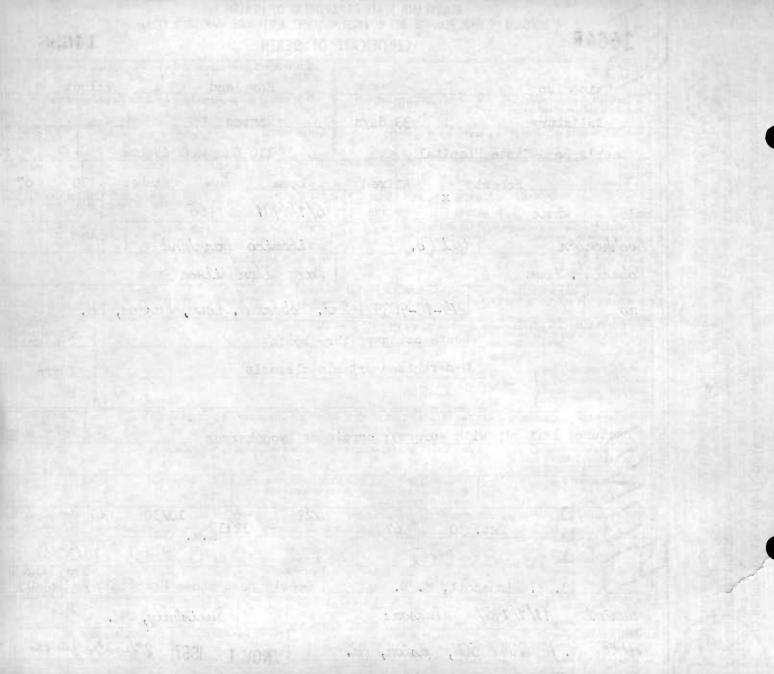
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12547 CERTIFICATE OF DEATH death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY o. COUNTY Wicomico ome 8507 ours after MARYLAND 24 haurs after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RINCESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Peninsula General Hospital YES NO NO PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF Middle 4. DATE Year First Lost Doy physician and campletely DECEASED 19 (Type or print) DEATH IF LINDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthday) Doys Months Hours and in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) **INDUSTRY** MT. VERNON, MD.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CLIFTON ELIZABETH BLOODSWORTH LATRE 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. AKMED FUNCES:
(Yes, na, ar unknown) (If yes give wor or dotes af service) 15-36-1187 MRS CLIFTON LAIRD PRINCESS R.F.D.1 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH urenia IMMEDIATE CAUSE (o) signed by **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gove rise to immediate cause (o). DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been far use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20e, PLACE OF INJURY (Home, form, (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldgs, etc.) Not While 19 ot wark ot work pe 21. I certify that (I) (this hospital) attended the deceased from. 1967 to /1967, that (I) (we) lost 19 67, and that death occurred at 440 b M, from couses and on the date stated above sow the deceosed olive on 22b. DATE SIGNED 22o. SIGNATURE M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, shauld b 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23o. BURIAL, CREMATION, BUREMOVAL (Specify) 10/16/1967 ASBURY CEMETERY VERNON. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 PRINCESS ANNE, MD. LEVIN R. WILSON

MINERAL CONTROL STATE OF THE PROPERTY OF THE P and a Kolk Marks The

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14657 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Wicomico o. STATE b. COUNTY Maryland MARYLAND Worcester 24 hours ofter b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL ond give neorest town)
Salisbury h29 days Pocomoke d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Deer's Head State Hospital 203 Linden Avenue NO TE requires that the deoth certificate be executed within carbon 3. NAME OF First Middle 4. DATE Year DECEASED WALTER HUGH LONG 19 67 (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** lost birthday) Hours WIDOWED and in ony W DIVORCED attending physicion and sermit. Then pleose rem 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Somer set County. 12. CITIZEN OF WHAT during most of working life, even if retired)
Farming Farming COUNTRY? Maryland II.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotian, or removal, Lola Emma Gibbons Woodland A. Long 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17 INFORMANT 217-36-0013 Mrs Rose Long, Pocomoke City, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit 5 to Teath PART I, DEATH WAS CAUSED BY Uremia IMMEDIATE CAUSE (o) signed by by the hospital or ottending physician. Hypertensive Arteriosclerotic Cardiovascular DUF TO Conditions, if ony, which gove Renal Disease vears rise to immediate couse (o), DUE TO stoting the underlying couse the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Broncho pneumonia (several days) 2. Chronic Gout NO X O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS LINDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ATTENDING ot work 21. 1 certify that (this haspital) attended the deceased fram August 24 , 19 66 , to October 2,719 67, that (We) last be retoined saw the deceased glive an October 27 1967, and that death accurred at 2:20 PM, fram causes and an the date stated above. 22b. DATE SIGNED 10/27/67 22o. SIONATURE ATTENDING M.D. DIRECTOR PHYS. Maryland 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) C director, po should be f H. Winnacott, M. D. Deer's Head State Hospital, Salisbury, 23b. DATE THEREOF 23C NAME OF CEMETERY DIRXCHEMATIONS 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial 10-30-1967 Presbyterian Pocomoke City-Wor.-Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Minter Judge NOV 1 Pocomoke City, Md. DATE Watson

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PRINCESS ANNE.

24. FUNERAL DIRECTOR

20 M 1/66

LEVIN R. WILSON

REGISTRAR'S SIGNATION

2So. REC'D BY REGISTRAR

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23c. NAME OF CEMETERY OR CREMATORY

Episcopal Cemetery

ADDRESS

Deer's Head Hospital; Salisbury, Md.

23d. LOCATION (City or Town)

1967

2Sa. REC'D BY REGISTRAR

DATE OCT

Princess Anne, Md.

2Sb. REGISTRAR'S SIGNATURE

(County)

(State)

L. V. Maldve, M. D.

23b. DATE THEREOF

Oct. 7.1967

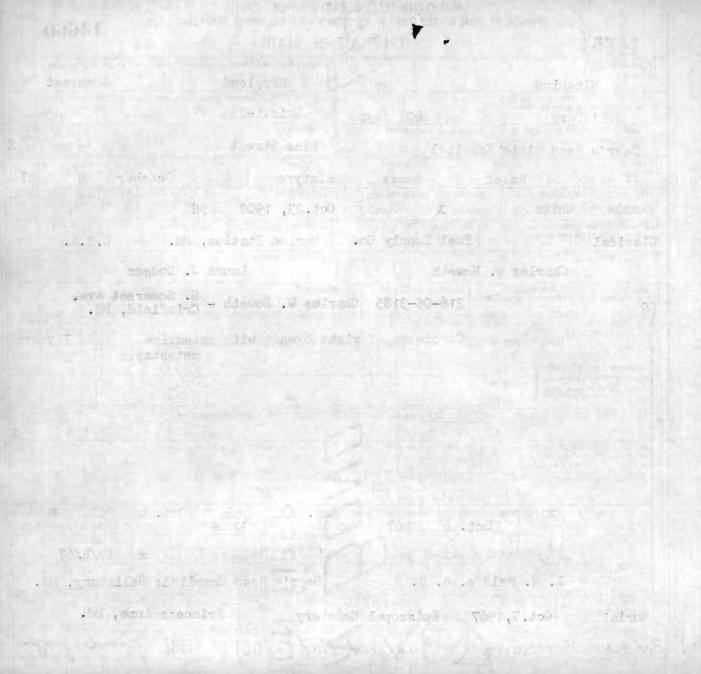
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23o. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

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		con IN U.S. ARMED FORCES? (If yes give wor or dotes of se War I	rvice)	. SECURITY NO.	- N	Unkown MFORMANT Mrs. Luc 104 Light	ille	S. Mix	on (W		Marv1	and
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	21. I certification saw the de 22a DIGNATURE 22c. PHYSICIAN'S NAME (Type)	y that (X) (this haspit ceased alive an Oct	ober 23	he deceased 19 67 ,	and that	ATTENDING PHYS. 22d. ADDRES Deer's	ed at Z: ME DIR	D. RECTOR d Stat	STAFF PHYS.	and on 22b.	DATE SIGNED D/23/0 Maj Sal	stoted above 57 ryland isbury,
	a. BURIAL, CREMATIO REMOVAL (Specify)	Oct. 26,		. NAME OF CEN		ery	BLC.D D		ION (City or I	W. V		
2	4. FUNERAL DIRECTOR HOLLOWAY	Y & COMPANY,	SALISBU	ADDRESS JRY, MAI	RYLAND		TEOCT				SIGNATURE	udge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

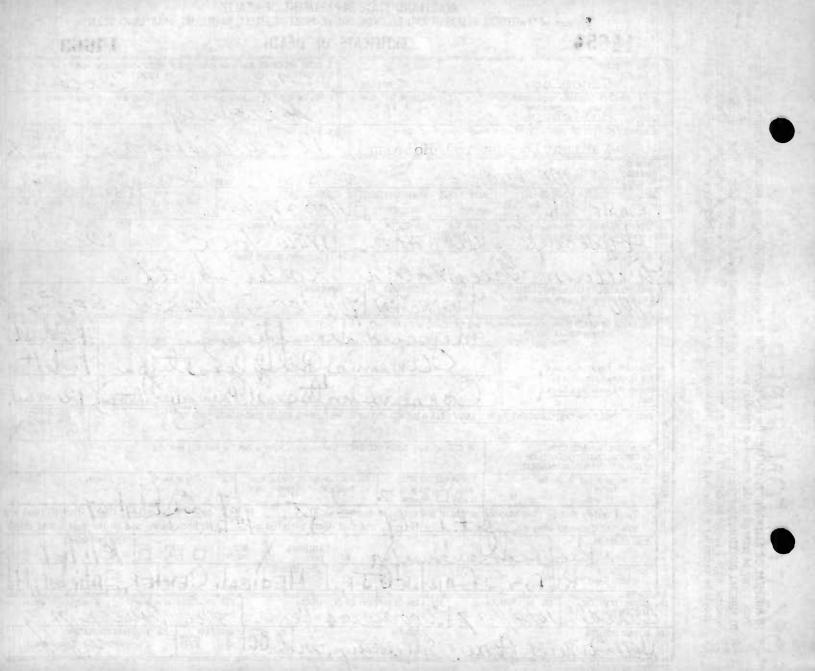
Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave calbor papers. Page VR A15 (4) 25M 1/67

director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbor papers. Pa shauld be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within 72 hours

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	14658 CERTIFICATE OF DEATH	14662
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	saw the deceased alive an 10 11 19 67, and that death occurred at 12 M, from causes and a	on the dote stated obove
iled wit	22a. SIGNATURE SCAPE M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. 22t. ADDRESS 22c. PHYSICIAN'S 22d. ADDRESS	10/11/67
director, page 3 should should be filed with the	NAME (Type) 23g_BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (COCATION (City or Town)	(County) , (Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14655 CERTIFICATE OF DEATH 24 hours after deoth ed in by the funeral arers. Poges I and n 72 hours after beath PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 1b Snow Hill e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Peninsula General Hospital Federa YES NO Z PHYSICIAN: The low requires that the death certificate be executed within NAME OF Middle 4. DATE Month First Lost Doy Year arbon DECEASED (Type or print) DEATH 0 ben 19 IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED remove last birthday) Months Hours Davs WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) please COUNTRY? during most of working life, even if retired) INDUSTRY Snow He LASHEBACE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME en WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. (Yes, no, or unknown) (If yes give wor or dates of service) 0 CAUSE OF DEATH (Enter only one cause per line for (a), NTERVAL BETWEEN cremot buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO Canditions, if any, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO T YES for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Not While at wark at wark 21. I certify that (1) (this hospital) attended the deceased from 12 1960 /, to 196), that (), (we) last be retoined should 1967, and that deoth occurred at 1/1 A. M. fram causes and on the date stated above sow the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS pe NAME (Type) director, p 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL CREMATION. (County) REMOVAL (Specify) Snow 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE man

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	And Charles and Andrews		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14658 14665 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. y the funeral Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Wicomico Maryland Wicomico MARYLAND b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 29 days Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Deer's Head State Hospital 207 New York Avenue YES NO NAME OF Middle Lost 4. DATE Doy Year completely DECEASED Nancy Payne Blanche October 19 67 11 (Type or print) DEATH S. SEX IF UNDER 1 YEAR 6. COLDR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS lost birthdoy) Hours Female White WIDOWED -DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? ottending physician of permit. Then pleose INDUSTRY Greenbackville, Va 13. FATHER'S NAME Own Home 14. MOTHER'S MAIDEN NAME signed by the ottending physi buriol-tronsit permit. Then pl buriol, crematian, or removal, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 120 52-8107 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Acute coronary and pulmonary edema IMMEDIATE CAUSE (o) 4 moy be retained by the haspital or attending physicion. DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse the hos been ATTENDING PHYSICIAN: The law 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? Fracture of pelvis, right pubis and ischium; diabetes mellitus. NO K O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 2Do. ACCIDENT WAS LINDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INILIRY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot work ot work . 19 67, that (I) (we) lost 21. I certify that (I) (this hospital) attended the deceased from 9/12 19 67 to 10/11 sow the deceosed olive on 10/11 19 67, and that death occurred at 12:45%, from couses and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR 10/11/67 director, page 3 shauld be filed v 22d. ADDRESS Deer's Head Hospital; Salisbury, Md. NAME (Type) A. C. Mitchell, M. D. 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Bucial Stockton 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Snow 1-1.11

THE PARTY OF THE P

Should in 24 hours after d in by the fr Pages 1 and 2 s D HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 be retained by the hospital or attending physician.

O FUNERAL ECTOR: After this certificate has been signed by the attending physician and completel director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 has the complete of the com TO HOSPITAL death. Page 4

VR A1S

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14654
CERTIFICATE OF DEATH
14666 14666

	ACE OF DEATH				2. USUAL RESIDEN		b. COUNTY	Wicom		mission)
	Wico	mico		MARYLAND						
b.	CITY OR TOWN (ill write RURAL and	outside corporete lim-	its, c.	Adm. in Id	c. CITY OR TOWN (If outside corpor	ele limits, write RURA	L end give n	eerest town)
		sbury		9/30/67	Hebro	on			22	1
d.	NAME OF HOSPIT	AL OR INSTITUTION	if not in hospitel,		d. STREET ADDRESS				a. IS RES	FARM?
		nsula Gene	ral Hosp	oita1	Walnu	ut Stree	CTI HATTER		YES [
	AME OF ECEASED	First		Middle	Lost	4. DATE OF	Month	Day	Year	67
	ype or print)	LUL	Α.	BERTIE	PHILLIPS	DEATH	October		19	6/
5. SE	X	6. COLOR OR RACE	7. MARRIED XX	NEVER MARRIED	. DATE OF BIRTH		AGE (In years IF UNI		IF UNDER 2	
Fer	male	White	WIDOWED		ugust 8,1889		78 yrs. Month	hs Deys	Hours	Min.
10a.	USUAL OCCUPATI	ON (Give kind of wor	k 10b. KIND		Y 11. BIRTHPLACE (Coun	ity & State, or fo	preign country) 12	. CITIZEN O	F WHAT CO	DUNTRY?
		rking lile, even if retire		Factory	Worcester (County.	Maryland	USA		
	tired Sea	mstress	31111	ractory	14. MOTHER'S MAIDEN		1141 / 14114			100
1.1	lana - 1 lanamana	Chaple Lave			Sarah Fliza	abeth Di	ckerson			
15. W	hn Henry	R IN U.S. ARMED FOI	RCES? 16, 500	IAL SECURITY NO. 17.		abcell of	Address			
(Yes,		yes give war or detes of	service)	M	r. Oscar Lee	Phillip	ş (Husband	(t		
No	CRITER OF D	EATH [Enter only one		-09-21/8 B	0x 477, Hebro	on, Mary	land	INT	ERVAL BETV	WEEN
. '		WAS CAUSED BY:	o couse per inne i	or (e), (b), end (c).]	1. 1	,			ISET AND PI	
		MMEDIATE CAUSE (a)	rny	ocurat	negario			- 1	mu	0
	4201	DUE TO	\ AH	in last	(1000 000	ALT	- Dudia	. P	ova	ry
	Conditions, if any		, thus	wo so we	. con way	74-100	7 1		you	2
	eve rise to immedi- e), stating the u	DITE TO			0		1		0	
	ause lest.) (c)				1000				
Z	PART II. OTHER	SIGNIFICANT COND	ITIONS CONTRIB	UTING TO DEATH BUT NO	T TELATED TO THE TERMI	NAL DISEASE C	ONDITION GIVEN IN	PART 1(a) 1	9. WAS AL PERFOR	JTOPSY
Ĭ	Seve	e don	getur	· Acar	failure.	,		1		NO V
		AS UNDERLYING CAUSE OF DEATH		E HOW INJURY OCCURE), (anter neture of injury in	Part I or Pert II	of item 18.)			
		MEDICAL EXAMINER								
MEDICAL	Oc. TIME OF INJU	RY Month, Dey, Yo			ACE OF INJURY (Home, Jarr tory, street, office bldg., etc		or town)	(County)	0	Stete)
AFD.	Hour a.m.	19	While et work	1401 44 11110	lory, sareer office bridge, ere	1/ -				
_			ital) attended	the deceased from.	9/30	196 10	1011	190	hat (I) (v	we) last
		Α	0/1/	1 /-1	death occurred at					
1	aw the deceas	ed alive on		19	dearn occurred at	////	me causes and c	711 1110 001		DATE.
2	Za. SIGNATURE	111	1		DUIVE TO	MED.	STAFF PHYS.	3 - 4 · h -	1	SIGNED
	2c. PHYSICIAN'S	7		^	A.D. PHYS. 22d. ADDRESS	DIRECTOR [11113.	Octobe	7_/	1901
4	NAME (Type)	Dr. 0. J.	Burton			Center.	Salisbury,	Mary	1and	
220	PLIDIAL CREMATI	ON, 23b. DATE THE		c. NAME OF CEMETERY			TION (City, town or		(Ste	ete)
RE	MOVAL (Specify)									
	Burial		5,196/ V	Vicomico Mem	orial Park		oury, Mary		TURE	
	UNERAL DIRECTOR		CALTON	ADDRESS	0.0			wells y		
-	HULLUWAY	G CUMPANY,	SALISBU	JRY, MARYLAN	DAN	10 10		1	0	

18.8 ANTIHE AT AT THE Sharestine Lounty Maryland Description of the called the same of the same of the called

thin 24 hours death. Page 4 be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and complete, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 6 state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

> VR A15 (4 1SM 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

MAKILA	IND STATE DEPARTMENT OF HEALTH	
	H AND RECORDS, 301 W. PRESTON STREET, BA	LTIMORE 1, MARYLAND
14658	CERTIFICATE OF DEATH	1/1669

2. USUAL RESIDENCE (Where deceesed lived, If institution, Re	sidence befora admission				
Maryland Wicomico					
c. CITY OR TOWN (If outside corporate limits, write RURAL and	give naarest town)				
Hebron	29-1				
	e. IS RESIDENCE				
	ON A FARM?				
	YES NO				
	Dey Yeer				
D.F.w.myr	23 19 67				
DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y					
	ays Hours Min.				
	THE OF WHAT COUNTRY				
II. BIKIMPLACE (County & State, or foreign country)	EN OF WHAT COUNTRY				
Wicomico County, Maryland U	SA				
14. MOTHER'S MAIDEN NAME					
Alice Fnalish					
11 Railroad Ave., Hebron, Maryla	nd				
1. N/ / /	INTERVAL BETWEEN				
i Heart Disesse	ONSET AND DEATH				
	2 yr				
	alok-				
	all lines.				
	00				
OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY				
	PERFORMED?				
	YES NO				
D. (Enter neture of injury in Pert I or Pert II of item 18.)					
	15				
	y) (Stete)				
1/					
4/23 10.33 to (101-23 106	7that (I) (we) la				
1.0	,				
death occurred at J.CM, from the causes and on the					
ATTENDING & MED STAFF	22b. DATE SIGNE				
- DHYS DIPECTOR DHYS	. 0-1.				
22d. ADDRESS	oner act t				
Medical Center, Salisbury, Ma	ryland				
OR CREMATORY 1924 LOCATION (Ch. A	(51-1-)				
	(State)				
al Cemetery Hebron, Maryland					
at cometely thebiotis half					
25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE				
	a. STATE Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and Hebron d. STREET ADDRESS 111 Railroad Avenue Lest A. DATE Month OF DEATH October B. DATE OF BIRTH July 22, 1895 RY 11. BIRTHPLACE (County & State, or foreign country) Wicomico County, Maryland 14. MOTHER'S MAIDEN NAME Alice English INFORMANT IT. Marion C. Phippin (Husband) 11 Railroad Ave., Hebron, Maryland 12. CITIZ ACE OF INJURY (Home, ferm, 201. (City or town) Citory, street, office bldg., etc.) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, ferm, 201. (City or town) ACE OF INJURY (Home, 100. (

bined tiet or or course . I no hast . th ters, 26,1967 Melang Memerial Complexy and Mebrons Marylona THE PROPERTY OF THE PROPERTY OF THE PARTY OF ENTRY DE CONSUMP, SALES BIRNEY, TREATMENT OF THE SALE SEED OF THE SALES OF THE SALE 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely filled in by the tringfal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave grban lapers. Pages And Sahauld be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

14659

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

14668

1.	o. COUNTY Wi	comico		MAR	RYLAND	2. USUAL RESIDENCE (V		l, if institution: b. COUNTY		before odm	ission)	
9	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe						
						d. STREET ADDRESS	P		133	e. IS R	ESIDENCE A FARM?	
	Deer's Head State Hospital 3. NAME OF First Middle					gain and				YES	NO The	
3.	NAME OF DECEASED (Type or print)	ANNIE	st	Middle Eva _	PI	lost NKI, E Y	4. DATE OF DEATH	Month 10		Doy 12	Yeor 19 67	
S.	SEX F	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIE DIVORCE		2-24-1901			FUNDER 1 Y Months D	YEAR IF UN Doys Hou	IDER 24 HRS. Irs Min.	
10 du	o. USUAL OCCUPATION uring most of working	(Give kind of work done life, even if retired)	10b. KI	ND OF BUSINESS OR DUSTRY One		11. BIRTHPLACE (County Talbot	& Stote, or foreign cou Maryla		12. CITIZ COUN	EN OF WHA		
13	3. FATHER'S NAME Dan	Cooper				14. MOTHER'S MAIDEN N					x-98	
15 (Y	5. WAS DECEASED EVE Yes, no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give wor or dotes o		3-18-42	- 4	venia Co	oper,R2	Address Box 8	3, Tra	ippe,	Md.	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Acute pulmonary edema DUE TO									INTERVAL ONSET AN OLLYS		
	Conditions, if ony rise to immediate stating the under lost.	e couse (o),	(0)	onchial p	neumo	nia			1	t days	}	
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Severe rheumatoid arthritis								19. WAS A PERFO	ORMED?		
Severe rheumatoid arthritis 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING								1 1 1 1 1				
MEDICAL	20c. TIME OF INJ Hour o.	10	20d. It While of work			E OF INJURY (Home, form ory, street, office bldg., etc.)		or town)	(Count	у)	(Stote)	
	21. I certi	fy that (4) (this has eceased alive an Oc	pital) ottend tober	ded the deceased 12 19 67,	from <u>Au</u> and that	gust 7 , 1 death accurred at	9 <u>67</u> , to <u>Oc</u> 9 : 40 AM, fram	tober I	<u>121967</u> d an the	, that (C) (we) los ted abave	
	22a. SIGNATURE	anix	lul	/	M.D			TAFF X	22b. DATE	12/67		
	722c. PHYSICIAN'S NAME (Type		chell,	M. D.		Deer's He	ad State	Hospit	al, S	Maryl		
	Burial, CREMATION REMOVAL (Specify			23c. NAME OF CEM		REMATORY	23d. LOCATION Trapp	(City or Town)		ounty) Mary]	(Stote) Land	
	24. FUNERAL DIRECTO	OR .	4	26 Dawer	r Str	660	BY REGISTRAR	25b. REGIS	TRAR'S SIG	NATURE		
	Barbara	L. Dashi	err'F	aston, N	Maryl	and DAGCT	1 6 1967	1 Luci	arca	Judy	-	

THE CAUSE SERVICE SERVICE SERVICE SERVICE SERVICES AND RESIDENCE SERVICES. 2000 o Acquirent out the street and three . by the total and the state of , which is the state of the sta Action of the control 10/16/6,

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 14669 The law requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Wicomico MARYLAND Worcester b. CITY OR TOWN (If outside corporate limits, Swrite RURAL and give nearest town) Salisbury c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? attending physician and campleter filled in sermit. Then please remave carbon naner. d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS Peninsula General Hospital Box 312 YES NO NAME OF Middle 4. DATE Manth Day Year DECEASED Tob 1967 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years last birthdoy) S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED Manths Haurs WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during mast af warking life, even if retired) INDUSTRY Wicomico County, Marylan 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. permit. (Yes, no, ar unknown) (If yes give war ar dates af service) 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c). INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO 2# Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying cause Page 4 may be retained by the haspital or attending as the O FUNERAL DIRECTOR: After this certificate has been last. PART JI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ed far use af Health p NO E 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Not While foctory, street, office bldg., etc.) ot wark at wark , 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred at 1230, M, fram causes and an the date stated above. saw the deceased alive an. 101 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. M.D. DIRECTOR PHYS director, page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (State) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

THE WILLIAM DESCRIPTION OF THE PROPERTY OF THE PARTY OF T 41247334 and all of \$22 to \$22 to \$2. Plant of the second of the se

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14661

CERTIFICATE OF DEATH

14670

11	CERTIFICATE OF DEATH	A IWW
1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	before odmission)
	O. COUNTY WICOMICO MARYLAND O. STATE OF LAND B. COUNTY	1100
-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give n	earest tawn)
	write RURAL and give nearest town) FRUIT LAND	22-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
		ON A FARM? YES NO 🔀
3.	NAME OF First Middle Last 4. DATE Manth OF OF	Doy Year
	(Type or print) LIZZIE OIBBS OPE DEATH OCT.	18 19 67
S.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y lost birthday) Months D	EAR IF UNDER 24 HRS.
L	WIDOWED OF DIVORCED A SON OF THE STATE OF TH	
10 du	luring most of working life, even if retired) - HNDUSTRY - 1767	EN OF WHAT
L	HUUSEINIFG SOLF GMP DERLIN MID	U.S.A.
18	13. FATHER'S NAME	
19	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
()	(Yes, no por unknown) (If yes give war ar dates of service)	2 - M
-	IND I NO I NO I INE MILTON (OPE IRU) +	INTERVAL BETWEEN
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	3 3 / X IMMEDIATE CAUSE (a) CONTROL OF SELECTION ACCEPTANCE OF THE TOTAL OF THE TOT	yw.
	(Conditions, if any, which gave) (b) Souther light of the selection	gears
	rise to immediate cause (a), storing the underlying couse DUE TO	0
	lost. (c)	
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ATIO		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
GR	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Haur a.m. 20f. (City ar tawn) (Count factory, street, office bldg., etc.)	y) (State)
WE	Hour a.m. p.m. 19 While at work at work of a twork at work a	
	21. I certify that (I) (this hospital) attended the deceased fram 5/23, 1967, to 10/18, 196	? that (I) (we) las
1	saw the deceased alive an 10/17 1967, and that death accurred at 30/2M, fram causes and an the	
	220. SIGNATURE M.D. ATTENDING MED. STAFF 19 C	SIGNED
	22 PHYSICIAN'S 22d. ADDRESS	1010/
		21820
73		ounty) (State)
	BURIAL 10 19/67 BUCKING HIM BERLIN IN	JER MA
1 2	24. FUNERAL DIRECTOR ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN	NATURE
1	A O. B. B. B. B. M. I am OCT 24 1967 Ichian	Cay yunge

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			- 6	CERTII	ICATE	OF DEATH			14671			
1. PLACE o. COI	OF DEATH UNTY Wit	omico		MAR	YLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Md. 21837 Wicomico						
wr	Marde	outside carparate limit ive neorest town) 1a Sprin	gs, Md	c. LENGTH OF STAY	c. CITY OR TOWN (If ou	tside corparate limits, write R dela Spring	URAL ond give	nearest town) 22-1				
d. NA	ME OF HOSPITAL	OR INSTITUTION (If no	at in haspital,	give street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO			
3. NAMI DECE (Type			rst NA	Middle M •		QUINN	OF Oct.		Doy Year 19 67			
S. SEX		. COLOR OR RACE	7. MARRIED			B. DATE OF BIRTH	9. AGE (In years last birthday)	Months 1	YEAR IF UNDER 24 HRS. Days Hours Min.			
fem.		white Give kind of work done	WIDOWED	DIVORCE		8/16/1890	77 yrs.	1 12 (17)	IZEN OF WHAT			
during me	ast of warking life	e, even if retired)	11	NDUSTRY Ttin Co.		Rockhal	*	COU	JNTRY?			
13. FATH	IER'S NAME An	ton Gaga	lski			14. MOTHER'S MAIDEN I	AME Abeth Willi	ams				
15. WAS (Yes, no,	DECEASED EVER I ar unknawn) (II	N U.S. ARMED FORCES? yes give wor or dotes o	of service)	SOCIAL SECURITY NO. 22-1598		Fred C.	Quinn, hus	band,	above			
Conc	260 X ditions, if any, w ta immediate ing the underly	ouse (a), (10 (b)	w B.P.	ana	cemia	efica e les s, un	ils Sak	ONSET AND DEATH			
PAR	T II. OTHER SIGN	0 -	ONTRIBUTING	-	lated to 1		IDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO			
S OR C		NDERLYING I CAUSE OF DEATH DICAL EXAMINER)					Part 1 ar Part II af item 18.)					
MEDICAL 30c	TIME OF INJUR Haur o.m. p.m.	Month, Doy, Yeor		INJURY OCCURRED ork of While of work		E OF INJURY (Home, form ory, street, office bldg., etc.)		(Cou	nty) (Stote)			
		that (1) (this hoseased alive an_		nded the deceased	fram_ and tha	t death accurred at	9, ta M, from_cause:	s and on th	ne date stated above			
	i. SIGNATURE	72	€ €.	Quin	.M.		MED. STAFF DIRECTOR PHYS.	22b. DA	TE SIGNED			
		Dr. Fred	1 C. C	uinn		22d. ADDRESS Mard	ela Springs	, Md.				
23a. BUR BU	RIAL, CREMATION	23b. DATE TH 10/21		23c. NAME OF CEN Holy Re		er Cem.	23d. LOCATION (City or 1 Baltimor	e, Md				
Sch	imunek	Funeral	Home	ADDRESS		DATE OC	T 2 0 1967 25b.	REGISTRAR'S ST	ENATURE MAGE			

TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after the still of the stil OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires tha Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

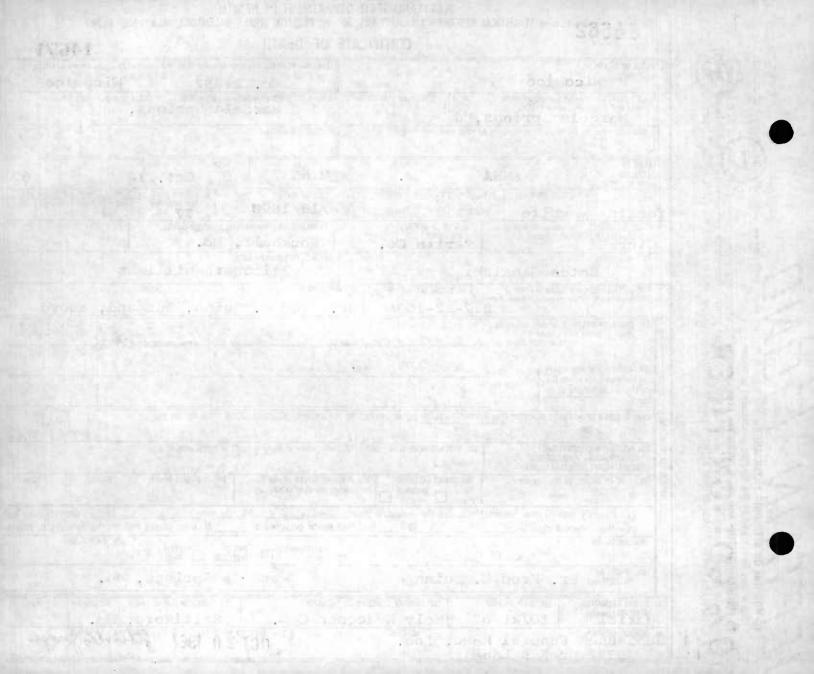
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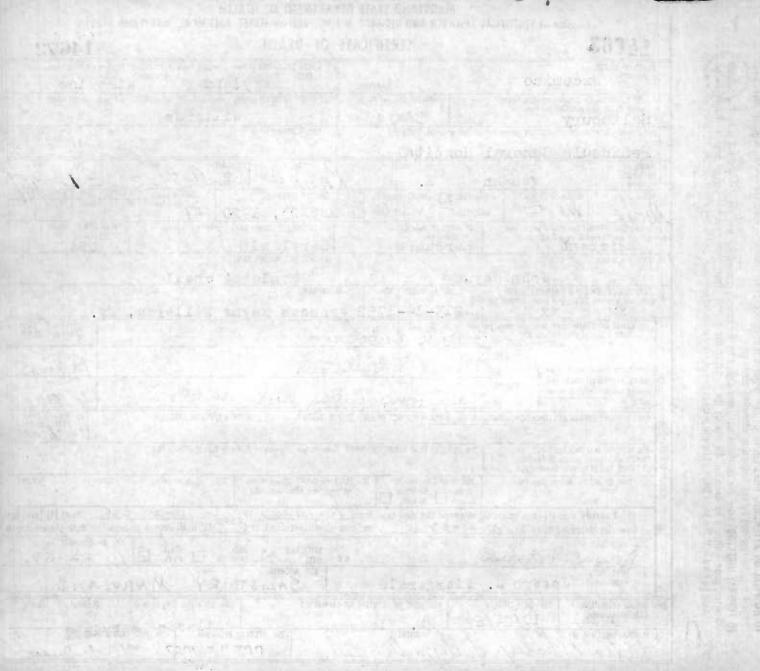
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haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14663 CERTIFICATE OF DEATH 14672 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Wicomico o. COUNTY a STATE Wicomico Maryland MARYIAND The law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If autside corparote limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) physician and completely tilled in by the en please remave cachon papers. Pages Willards 5days Salisbury e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS carbon papers. ent, within 72 h ON A FARM? YES NO TO Peninsula Hospital General NAME OF Middle First Last 4. DATE Day Year DECEASED OF DEATH Vaughn E. vent. (Type or print) AGE (In years last birthdoy) IF UNDER 1 YEAR S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Days Haurs WIDOWED DIVORCED 1920 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign country) during most of working life, even if retired) COUNTRY? INDUSTRY Hardware Maryland USA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Rayne Manie Mitchell 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 213-14-1752 Frances Kayne Willards. XX INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by physician. DUE TO burial Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause be retained by the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been prior to WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? far use of Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) (Caunty) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Haur o.m. Not While at wark and that death accurred of M from 21. 1 certify that (1) (this hospital) attended the deceased from 10-14-67, 19 that (I) (we) last saw the deceased alive on 10-21-67 19 M. fram couses and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR 0-22-67. M.D. PHYS. 22d ADDRESS PHYSICIAN'S Joseph C. Fitzgerald SALISBURY NAME (Type) director, shauld 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL CREMATION. REMOVAL (Specify) 10/24/67 VR A15 (4) 20 M 1/66 DATE POT O E 1007 molimeta Judal



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires thot the deoth certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14672

	CERTIFICATE	OF DEATH		
1. PLACE OF DEATH			Where deceased lived, if institution	
o. COUNTY Wicomico	MARYLAND	a. STATE	b. COUNT	
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		utside carparate limits, write RURA	Caroline
write RURAL and give nearest town)			nade carparate minis, with money	are site sites item,
Salisbury	2 mos23days	Ridgely		e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital		d. STREET ADDRESS		ON A FARM?
Deer's Head State Hospita	1		10-7	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) Anderson	Steven	Redden	OF DEATH October	20 19 67
S. SEX 6. COLOR OR RACE 7. MARRIEI		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 TEAR IF UNDER 24 HRS.
Male White WIDOWE	D DIVORCED	ACR 1, 188	dase birthday)	Manths Days Hours Min.
IDo USUAL OCCUPATION (Give kind of work done IDh	KIND OF BUSINESS OR	N	& State, or foreign country)	12. CINZEN OF WHAT
during mask of working life, even if retired)	INDUSTRY	MARR		COUNTRY 27
13. FATHER'S NAME	-hor	14. MOTHER'S MAIDEN		1011
OFLANDO RE	DOBN	SARA	/	indocari
			HH & (uni	1-106 641
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	2 200 110
ND		MORNEN	KRDDRM 1	COOGELY MD
18. CAUSE OF DEATH (Enter only one cause per line f	for (a), (b), and (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Br	oncho Pnuenomia			ONSET AND DEATH
DUE TO				
	ronic Pyeloneph	mitie		vears
lise to immediate cause (a),	required statement	TET VIES		years
stating the underlying cause				ACT ME STORY
/ (//				The was allyoney
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
Chronic Hypertrophic Os 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OF STATE PROTECT OF STATE OF STATE	teoarthritis -	Chronic Emo	hysema	YES NO
20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of item 18.)	
		CE OF INJURY (Hame, farn		(Caunty) (State)
Haur a.m. Wh		tary, street, affice bldg., etc.)	
21. I certify that (I) (this hospital) atte	ark otwork	lant 6	1967 to October	20 1067 that (I) (wa) la
saw the deceased alive an October	maed the deceased from S	t dogth accurred at	7 0 7 M from causes a	and on the data stated above
720. SIGNATURE	29 17 67, uliu lilu	i dealii accorred di	1030 m, nom couses o	22b. DATE SIGNED
120. SIGNATURE	37	ATTENDING	MED. STAFF	
TOUNGE	-0C1. M.		DIRECTOR L PHYS.	1 10/29/67
NAME (Type) C. H. Winnacot	t. M.D.	Deer's H	ead State Hosp	ital,Salisbury,M
			T P	
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tow	(County) (Stote)
REMOVAL (Specify) Nov 1, 196) lesto	The same	MENT	ON MY
2) FUNERAL DIRECTOR	ADDRESS	2Sa. REC	D BY REGISTRAR 25b. REG	SISTRAR'S SIGNATURE

1967

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-earbort popers.—Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event. Within 72, hears after death. Poge 4 moy be retained by the hospital or ottending physician.

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	director lystematical land of	
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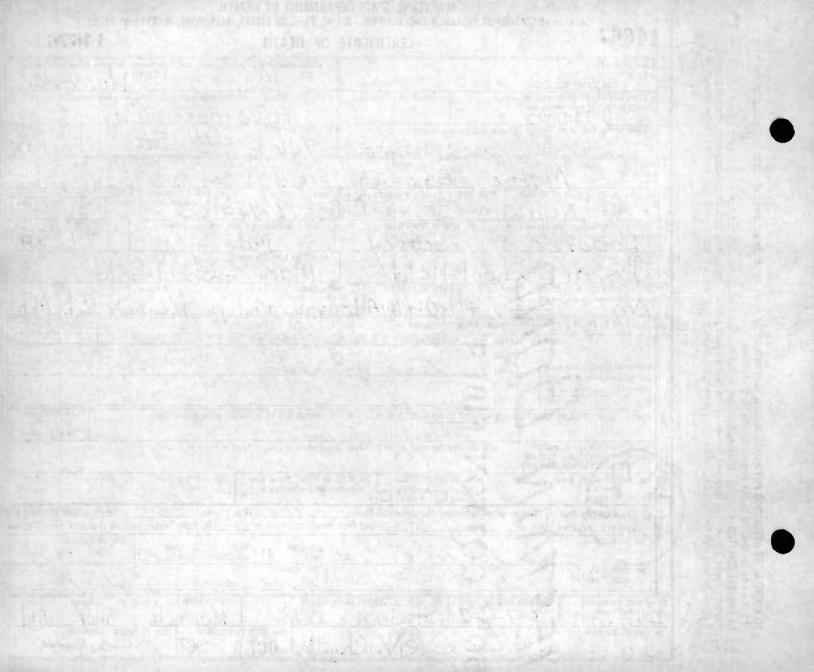
MARYIAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14665 14674 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY-Maryland Wicomico comico MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) willards Life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? XX YES NO A NAME OF Middle Lost DATE Month Doy Year remove carbon DECEASED (Type or print) OF DEATH Stella Mae Cooper Routzahn Oct. 196 19 OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. S. SFX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Dovs Hours or removal, and in any White June WIDOWED & DIVORCED 11. Female puo 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician o during most of working life, even if retired) INDUSTRY COUNTRY? Housewife Maryland Home Own 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mariah IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Edward Cooper Willards. Md. No cremation, 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 moy be retained by the hospital or ottending physician. DUE TO restruction Conditions, if ony, which gove rise to immediate cause (a). DUE TO prior to stoting the underlying couse os the certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO -20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour am Not While foctory, street, office bldg., etc.) **DIRECTOR:** After of work ot work 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the My fram causes and on the date stated above. sow the deceosed olive on, and that death occurred at 22o. SIGNATURI DATE SIGNED ATTENDING M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOYAL (Specify) 10/14/67 Willards Cooper 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14675 14665 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY, delay is and 3 to Page Wicomico Wicamico MARYLAND Mary Land CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside carporote limits, write RURAL and give neorest tawn) ond PM3 Quantico Salisbury e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS form Quantico Peninsula General Hospital YES NO in pencil in Item 18. Give Pages This certificate shauld be executed within 24 hours ofter death. 3. NAME OF 4. DATE First Middle Last Month Day Year DECEASED OF the Edwin 10-22-67 John Sample 19 (Type or print) DEATH IF LINDER 24 HRS S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthday) Manths Davs Haurs ŏ deoth WIDOWED DIVORCED 7-29-67 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
infant COUNTRY? INDUSTRY hours ofter USA Salisbury, Md. farworded to the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME File Shirley Reddick Quantico. Md. Leroy Sample IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, negatunknown) (If yes give war ar dates of service) Quantico, Maryland Leroy Sample event within NIERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b). SET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) writing the word DUE TO any Canditians, if any, which gave rise to immediate couse (a). ⊆ DUE TO stating the underlying cause 0 ond SD nsed WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) remayal, CATION PERFORMED? please execute the certificate, YES NO pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 ar Part II af item 1B.) 3 should PRIMARY C or CONTRIBUTING AL EXAMINER: SUDDEN DEATH IN INFANCY CAUSE OF DEATH. cremotion, MEDICAL 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Nat While Your DIRECTOR: Poge at work at wark Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection K ond in my opinion 0 Accident director. deoth resulted from: Notural couses Suicide [Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO FUNERAL D Health prior SIGNATURE funeral DEPUTY MEDICAL EXAMINER 10-23-67 Earl L. Royer, M.D. EXAMINER'S Address (Street, city, tawn, or caunty) 1109 Camden Ave. Salisbury, Md. NAME (Type) 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify)
Burial 24/67 Arces Cemetery Salisbury
S. | 250. RRID BY REGISTRAR | 25b. Green Wicomico Md. 24. FUNERAL DIRECTOR VR A15ME (5) DATEOCT 25 1967

34973 on month Lastinguel Swamou Michael aldenia sintii 1.00 CHARLE. . The profession of the second Monthly in the section could e contract of the A CONTRACTOR OF THE PARTY OF TH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1466 14676 CERTIFICATE OF DEATH death. 24 bours after death uneral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE o. COUNTY b. COUNTY Wicomico e remave carban papers. Pages 1 in any event, within 72 haurs after MARYLAND by-the f b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) write RURAL ond give neorest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) e. IS RESIDENCE rsician and completely filled in please remave carban papers. d. STREET ADDRESS ON A FARM Peninsula General Hospital YES NO D requires that the death certificate be executed within 3. NAME OF DATE Lost Year DECEASED OBER (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED lost wirthdoy) Months Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) NDUSTRY COUNTRY and apor citor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dotes of service) burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse prior tak Page 4 may be retained by the haspital or attending FUNERAL DIRECTOR: After this certificate has been far use as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health p YES P NO rea from 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) ol work 21. I certify that (1) (this hospital) attended the deceased fram____ 9-30-, 1967, to 10-1, 1967 that (1) (we) last 10-1-19 6 7 and that death accurred at 10 854 M, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR directar, page 3 should be filed v M.D. PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Airal entre 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d NOCATION (City or Town) 230-BURIAL, CREMATION (County) REMOVAL (Specify) tocomoke 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



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MARYLAND STATE DEPARTMENT OF HEALTH 1466 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14678 CERTIFICATE OF DEATH death, 24 havrs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) led in by the funeral appers. Pages I and PLACE OF DEATH o. STATE b. COUNTY o. COUNTY Maryland Wicomico Wicomico MARYLAND b. CtTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Salisbury 1 mon. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE papers. d. STREET ADDRESS ON A FARM? Pemberton Drive NO P Wicomico Nursing Home requires that the death certificate be executed within 3. NAME OF Middle 4. DATE Month Year First Doy remave carbon DECEASED (Type or print) HENRY SMITH, SR. 18 19 67 CARL 10 DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Hours WIDOWED DIVORCED Aug. 10, 1884 Male White 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? please INDUSTRY during most of working life, even if retired) Maryland -- Wicomico U.S.A. Ret. Farmer Truck 14. MOTHER'S MAIDEN NAMENARIA 13. FATHER'S NAME Robert Smith 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 3 Dr. Wm. B. Smith Salisbury, Maryland NO. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO YES 🗌 Į. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. 1 certify that (1) (this hospital) attended the deceased from 7, and that death accurred at 3/2 M, from couses and on the date stated above. saw the deceased alive an _______ 22b. DATE SLONED 22o. SIGNATURE **ATTENDING** MED. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S directar, po should be f 402 S. Division St., Salisbury, Maryland NAME (Type) William B. Smith M.D. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) BURIAL, CREMATION, Salisbury, Maryland 10/21/1967 Wico. Mem. Park ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Salisbury, Maryland 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201-16779 14576 CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) d. STATE Maryland b. COUNTY. Wicomico a. COUNTY Wicomico MARYLAND filled in by the f b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)
Sallsbury c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 ve carbon papers. Poe event, within 72 hours 4 Days Salisbury d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Peninsula General Hospital 402 Woodcrest YES NO X within 3. NAME OF DECEASED DATE First Middle Lost Month Day Year ottending physician ond completely permit. Then pleose remove carbor OF JOHN WOLFE (Type or print) DEATH VCtober OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed IF UNDER 24 HRS S SEX 9. AGE (In years IF UNDER 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED 7 (gst birthday) Months Haurs Dovs 1-12-1891 and in any DIVORCED 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, ar foreign country) Salesman COUNTRY? during most of working life, even if retired) Kingston, New Jersey 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotian, or removal, Edward Stout Mary Wolfe IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no ar unknawn) (If yes give war ar dates af service) 214-10-9664 Mrs. Blossom C. Stout, See Sec. 2 INTERVAL BETWEEN ONSEL AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-tronsit PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by be retoined by the hospital or ottending physician. DUE TO burial. Canditians, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying cause os the O FUNERAL DIRECTOR: After this certificate has been prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) for use YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City ar tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, Haur o.m. Not While foctory, street, office bldg., etc.) ot work ot work should be 21. I certify that (I) (this hospital) attended the deceased from Netaber 12, 1967, to October 15, 1962, that (I) (we) lost sow the deceased alive an October 15 1967, and that death occurred at 32M, from causes and on the date stated above. 22g. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR director, page 3 should be filed 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 moy NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) (Caunty) REMOVAL (Specify)
Burial Princess Ann, M ryland 10-18-1967 Manokin Presbyterian Cem. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR lianelly VR A15 (4) 20 M 1/66 196 Hill Funeral Home Salisbury, Maryland

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FOR STATE director. TO DEPUTY Corrificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 towns about be executed within 24 hours after death. If an please execute certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 towns 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reface TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1467	1 ME	DICAL EXAMINER	S CERTIFICA	TE OF DEAT	H	14680
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Mar	querte	Ellen -	1/R.	7. DR+#21	Boy 22	ON A FARM
3. NAME OF DECEASED / (Type or print)	First	Middle	yan fil	4. DATE OF DEATH (A	poth Do	ey Yeer
5. SEX	Margueri'	te Ellen . MARRIED NEVER MARRIED 8	Truitt	Qu.	PER IF UNDER 1 YEA	AR) IF UNDER 24 HRS.
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10a. USUAL OCCUP	ATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	I BIRTHPLACE (State	or foreign country)		OF WHAT COUNTRY
	working life, even if retired) Se Wife		SNOWH	it I	US	5.17.
13. FATHER'S NAME		11	14. MOTHER'S MAIDEN	INAME		
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		ause per line for (e), (b), end (c).]	1	/ .	- 1	INTERVAL BETWEEN ONSET AND DEATH
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Z PART II. OTH	HER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	INAL DISEASE CONDITION	GIVEN IN PART 1(e)	
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PART II. OTH	CONTRIBUTING (DESCRIBE HOW INJURY OCCURED. (I				
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ZOc. TIME OF IN	1,		CE OF INJURY (Home, fari fory, streat, offica bldg., etc		(County)	(Stete)
21. I certify	that I took charge of	the remains described above, he	eld an Autopsy ,	Inspection , Inc	uiry 📉 ar	nd in my opinion
death resulted	from: Natural caus	ses 📈, Accident 🔲, Suic			manner	
ACTUAL	Pin 1	221	CHIEF MEDICAL			
SIGNATURE	Thele & G	tusley	M.D.	DICAL EXAMINER		DATE SIGNED
EXAMINER'S NAME (Type)	Phil & A.	Insley!		city, town, or county)	/	10-18-67
22a. BURIAL, CREMA' REMOVAL (Spec	TION, 226. PATE THEREON	22c. NAME OF CEMETERY OF		22d. LOCATION (City, in	wn, or country)	(Stete)
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23. FUNERAL DIRECT		ADDRESS ON ALL	2 24e. RE	C'D BY REGISTRAR 24b. I	REGISTRAR'S SIGNA	ATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 *4673 CERTIFICATE OF DEATH 1468324 haurs after deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Wicomico Maryland Worcester MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 4 hours Pocomoke City d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. 15 RESIDENCE ON A FARM? d. STREET ADDRESS Peninsula General Hospital 602 Walnut Street YES NOSES PHYSICIAN: The law requires that the death certificate be executed within NAME OF First Middle 4. DATE Last Day Year the attending physician and completely sit permit. Then please remave carbon DECEASED OF DEATH (Type or print) GARLAND AGE (In years IF UNDER 24 7. MARRIED B. DATE OF BIRTH **NEVER MARRIED** Jast birthday) Manths Doys Oct. WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country)
ACCOMACK County, 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY. Sales etail Virginia
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thomas Wessells unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address comoke City, (Yes, na ar unknown) (If yes give war or dates af service) 213-05-2014 Mrs Eva R. Wessells, Maryland INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) signed by DUF TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION uld be detached far use the State Dept. of Health YES [NO [20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While at work shauld be 21. I certify that (1) (this haspital) attended the deceased fram____ 19 6 La ta_ 70-7, 196/, that (1) (we) last be retained 10 19 67, and that death accurred at 1532 M, fram causes and an the date stated abave. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR 10-9-67 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) N.W Medical Center, Salisbury, Md. directar, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMANDRY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 10-12-1967 Bethany Methodist Pocomoke - Wor. - Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR **EUNERAL DIRECTOR** VR A15 (4) DATE OCT Misseles 16 1967 Pocomoke City, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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t the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I and nation, ar remaval, and in any event, within 72 haurs after deat		100	USUAL OCCUPATION	(Give kind of work done life, even if retired)	10b KI	ND OF BUSINESS OR		11 81	RTHPLACE (County	y & Stote, or		COLL	ZEN OF WH	TAT
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physician. physician. signed by burial-tran			18. CAUSE OF DE	ATH (Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE DUE which gave e couse (o),	(o) Re (b)						2, 200		INTERVA ONSET	AL BETWEEN AND DEATH MONTHS
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w >			220. SIGNATURE	1/1/1	lalde	m	M.D	. PHY		MED. DIRECTOR	STAFF PHYS.	X 10/	TE SIGNED 18/67	
O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRE director, page 3 shauld be filed v	1		22c. PHYSICIAN'S NAME (Type)	230 4 0 12				I			State Hos	pital,		sbury
Page TO FUN direct shaul	0		BURIAL, CREMATION REMOVAL (Specify)	IO/IE	67	Bloome ADDRESS			200	Fe	LOCATION (City or To	urg. 1	County)	(Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14678 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 14686 HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY delay is and 3 to M3. Poge o. STATE h COUNTY Baltimore City Wicomico Maryland MARYLAND ote Department b. CITY OR TOWN (If autside corporate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 P.M3. 1 write RURAL and give nearest town) offer Baltimore Hebron d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Lillian & Main Streets 617 W. 40th Street Corner in Item 18. Give Poges YES NO X 24 hours ofter deoth. Office along with 3. NAME OF First Middle Lost DATE Month Day Year DECEASED the WILSON 28 within THOMAS NORWOOD October 67 19 (Type ar print) DEATH S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED × 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Davs Hours White April 19, 1899 Male WIDOWED DIVORCED event 7 pup 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Mary land duy d 'pending'' in pencil in Chief Medical Exominer's pencili 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within = William Roy Wilson Cora V. Nelson and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Frances A. Wilson (Wife) 617 W. 40th Street, Baltimore 11, Md. 16 SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war ar dates af service) permit. removol, 219-34-0676A INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: OWSEL AND DEATH Coronary occlusion 0 IMMEDIATE CAUSE (a) word This certificate should cremation, DUF TO Canditians, if any, which gave Arteriosclerotic cardiovascular disease Years writing the rise ta immediate cause (a). DUF TO 0 stoting the underlying couse be forwarded OS D burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION pleose execute the certificate, 0 NO X pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) ogent, prior PRIMARY I or CONTRIBUTING I **EXAMINER:** CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour am factory, street, office bldg., etc.) Nat While may be retained for your FUNERAL DIRECTOR: Page at wark at wark designoted 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X and in my apinian Inquiry the funerol director. death resulted from Natural causes X Suicide Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER X October 0 1 L. Royer, M.D. Camden Ave., & Ear 1 EXAMINER'S Health NAME (Type) 409 Salisbury, Md. Address (Street, city, town, or county) 230. BURIAL, CREMATION, 23h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 0 REMOVAL (Specify) Nov. 1, 1967 Druid Ridge Cemetery Baltimore, Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Ocharles VR A15ME (5) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH